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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ON PAROXYSMAL FEVER—NOT MALARIAL.

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(*Concluded from page* 738.)

Not only must pent-up or forming pus be considered a factor in the causation of a periodical fever, but confined serum or forming serous exudation may undoubtedly give rise to intermitting fever. A case of subacute pleurisy with effusion, in which there occurred, in the course of the disease, distinct intermitting fever, came under the writer's notice. The usual evening exacerbations were present, but in the morning the temperature had fallen to, or almost to, normal. So marked were the paroxysms that an empyema was suspected, and doubt only removed by paracentesis, proving the effusion to be serous. Two similar cases have come to his notice in private practice, both in children. The one, a lad 11 years old, had a dry cough for three weeks, with afternoon malaise and fever. The attendant ordered quinine with but little benefit. An examination of the lungs revealed a large collection of fluid in the left pleural sac, which rapidly disappeared under treatment. The temperature was recorded but once daily for obvious reasons, but at times in the morning, again in the evening. Invariably an evening rise, a morning fall, were noted; but it never ranged higher than 102°, and there were no profuse sweats following. From the rapid disappearance of the fluid, and the speedy renewal of the lad's health, the effusion was called serous, and not purulent.

It may seem very trite to record such simple cases, but when, only lately, a child was seen in consultation, ill from a supposed meningitis, but truly so from an actual serous pleuritic effusion, one should feel that nothing is commonplace, and that it is the little things that need to be constantly dwelt upon. With this remark it may be stated that the fever of pneumonia may be intermitting. Later in the paper, cases of catarrhal pneumonia will be referred to; but now the croupous variety is considered. Four cases, all in children, are recorded in the writer's note-book. Two of the cases were in his care from the first; two were attended by other physicians, coming to him later.

In the first case he was egregiously deceived. The child, æt. 4, for five days was well, to all intents and purposes, in the morning, eating and playing about, with possibly only a slight cough. In the afternoon the temperature would rise to a great height (104⅖°), and the child would be sick until midnight. Repeated examinations of the lung could not detect a pneumonia until the fifth day. He was misled by the absence of dulness and of bronchial breathing, and the occurrence of tympany over the affected lung, as has been rarely noted.

Case number two, of the same character, occurred in a girl 7 years old. A chill, followed by high fever, with nausea and vomiting, substernal pain and cough, marked the onset. Seen the third day, her temperature in the evening was 104⅕°, with the above symptoms intensified, and a very rapid pulse (140) and rapid respiration (48).

Both the fourth and fifth days the temperature was normal in the morning, high at night. On the fifth day bronchial breathing was first noted at the right base; on the seventh day, dullness; on the ninth day resolution began; after the fifth day the fever was continuous. It seemed like a case of retarded pneumonia—as regarded physical signs—according to the observation of Dr. Andrew Clark.

Following the outline indicated by Murchison, the next form of intermitting fever he discusses is that due to endocarditis. The following case* of ulcerative endocarditis, the febrile range of which was characterized by daily paroxysms, is of interest. There was no difficulty in recognizing the nature of the affection.

TEMPERATURE RECORD.

	A. M.	P. M.
21	1—	103⅘°
22	100⅕°	101⅘°
23	98⅘°	99°
24	98°	105⅘°
25	97½°	103½°
26	99°	103°
27	99°	100⅘°

The writer observed it during life, and deems it worthy of being recorded in this connection.

It would be a great surprise to know how many persons in the latter stages of phthisis, when giving a history of their complaint, say that it was preceded by malaria, or malaria broke them down. Over and over again is such a sad tale told us in the medical dispensary, and it is a matter of fact that not only do the laity, but many physicians, consider early cases of phthisis as malarial in nature, entirely overlooking the local troubles. When speaking of catarrhal fever, the subject will be adverted to again, but the cases of tubercular origin are sometimes none the less examples of intermitting fever, non-malarial. Repeatedly my notes show cases that had been treated for malaria in the early stages. Not only in the formation of tubercle in the lungs, but also in the brain, is the process accompanied by daily paroxysms of fever at times. One case that came under notice was particularly impressive.

The attending physician was going out of town for the summer, and left in the writer's care a little girl five years old, in the fourth week of her fatal illness. She had always been a bright child, of nervous temperament and tubercular diathesis. The illness was of four weeks' duration, marked in the early period by failing in flesh and strength; in the latter period by a chill or chilliness every evening, followed by a night of restlessness and fever. She never complained of headache, nor did she vomit, while her bowels were regular. Eight days before the present attendant saw her, her physician visited her, and attributed the symptoms to malaria; quinine was used. Four days thereafter headache began. The day the writer saw her (fourth week), she had had a slight convulsion and other unmistakable evidences of tubercular meningitis, of which she died in seventy-two hours.

How terrible to be compelled to tell a fond mother the innocent malaria only simulated the baneful meningitis! The writer once made the mistake of attributing a periodical headache to malaria; tubercular meningitis was the cause of the pain. It is seen then, and is well known, that many manifestations of that disease are periodical.

The succeeding case of chronic hepatitis with enlargement, illustrates that form of intermitting fever which is hepatic in origin. The diagnosis was made without difficulty, especially the differentiating from intermittent fever of malarial origin. The following abstract of the history includes all the important points:

George W.,* æt. 43, German farmer, of Manayunk, contracted diarrhœa during the war, which has always shown some tendency to return. Has had malaria; probably has had syphilis; otherwise been very healthy. Family history good. Admitted September 2, 1877, with well-marked jaundice; emaciated, and presented the symptoms of itching, dark-colored urine, languor and sleepiness, and a small, slow and feeble pulse.

The jaundice appeared gradually in February of 1877, preceded by several days of diarrhœa. Since then marked dyspeptic symptoms, relieved by attacks of diarrhœa; stools at times clay-colored, at times normal. Some œdema of feet, but ascites never detected. October 2, liver from fourth interspace to two inches below margin, on deep percussion, margin smooth and resisting; no pain or tenderness. October 15 to 25, uncontrollable hiccough. Extreme exhaustion, rapid emaciation, deepening jaundice, semi-typhoid state; death, November 4. Autopsy revealed the diagnosis to be correct.

The temperature record is noted with the remarks of Dr. Guiteras, whose resident physician the writer was at the time, on its curious range, in order to associate the case with a paper on fevers.

*Trans. College Physicians, Keating.

*Trans. Path. Soc., 1878.

		Morning.	*Evening.*
October	21	100°	98°
"	22	98°	103°
"	23	95⅔°	100°
"	24	101⅔°	96°
"	25	93°	101°
"	26	95°	94⅔°
"	27	103°	98°
"	28	95⅓°	100°
"	29	97°	98⅔°
"	30	97°	98°
"	31	94⅔°	96°
November	1	99°	93°
"	2	95°	96⅔°
"	3	91⅔°	91°

"I find that every third temperature is pretty regularly a high one, the fall being very great in the two intervening temperatures; so that the rise and fall do not present the usual relations to the morning and evening hours. The curious range of temperature may be due to an intermittent absorption of effete products from the liver, or an intermittent arrest of the oxygenating processes going on in the liver, an arrest that must influence the general temperature, if we remember that in health the temperature of the organ reaches 106°."

In another paper* of the writer may be found reported a case of primary cancer of the gall-bladder.

Early, in fact almost until death, the attending fever was thought to be of malarial origin. The writer, as well as others, made the mistake. Until a few months before her death the fever was distinctly intermitting, with chills; later it became remitting, and then continuous. Although there were jaundice and occasional attacks of vomiting, there were no special evidences of localized disease. The spleen was enlarged, and so it was thought to be a miasmatic fever. The change in type, the extreme exhaustion, and the emaciation, caused this idea to be abandoned. Until death it was obscure. A sufficient cause for the temperature range was found at the autopsy in a suppurative inflammation of the bile ducts, and the healthy portion of a gall-bladder, the remainder of which was the seat of carcinoma. One can see now that more stress should have been laid on the occasional vomiting, the slight hepatic tenderness, the previous history of biliary colic, the persistent and deepening jaundice, and the great emaciation, and thereby a diagnosis been made between miasmatic fever and suppurative fever.

Here will briefly be recorded two cases illustrative of the fever of hepatic origin, not because of one difficulty in their recognition, but because one of them, the first, had been treated for malaria.

This one was the case of M. Mc., æt. 50, who suffered at irregular intervals, often repeatedly in a week, with attacks of severe pain in the epigastrium accompanied by a chill and followed immediately by fever and sweat, and in a few days by jaundice. He died several months afterwards in the writer's care, of obstructive jaundice from impacted calculus, after two of these attacks in succession.

When these attacks occurred every day or every second day, it can be readily seen how a mistake in diagnosis could have been made. Attention to details, however, with the therapeutic test, would have been good aid. The paroxysms, by the way, were no doubt due to the irritation of the discharging calculus. The other case was that of an impacted, possibly ulcerating biliary calculus. The history of the case, the jaundice, and the local inflammatory changes, prevented one from erring.

In addition to the preceding examples of paroxysmal fever, a series of cases will be adverted to which Murchison has not referred to in his lectures, and with the nature of which it is of the utmost importance to be perfectly familiar. Reference is made to catarrhal inflammations of pulmonary, the gastro-intestinal, and the genito-urinary mucous membranes, with secondary intermitting fever resulting therefrom. Especially important is it, for unless the fever is traced to its source, grave organic mischief will become so pronounced as to lead to disastrous consequences. Witness a phthisis following an overlooked bronchial catarrh.

It savors much of the teachings of Broussais, to say that catarrhs are the source of fevers; but there is no doubt that just so far as the philosophic Frenchman erred in that extreme, so do we at the present day err in the other, by attributing most fevers to a zymotic process. Prof. Pepper,* in a timely and instructive address, calls attention to these dangers: That fever is too often considered as due to a zymosis; that zymotic diseases are of self-limited duration; hence that active treatment is of no avail, and especially that the accompanying catarrhs are neglected. Further, on account of these beliefs, the catarrhal process that is often the cause of a fever is overlooked, and thus the commencement of serious local disease is not thwarted.

Reference was made, in another portion of the paper, to the frequency of assuming early tuber-

*Path. Soc. Trans., Phila., '81.

*On some of the relations of catarrhal affections. Trans. Am. Med. Assoc., 1881.

cular disease of the lung accompanied by intermitting fever, to be due to a miasmatic fever. The following notes illustrate the clinical course of some cases of catarrhal disease of the air passages, which often are the forerunner of so-called catarrhal phthisis. Other examples have been noted, in which here have been only slight catarrhs, without hemorrhage, much cough or emaciation, with attendant fever, occurring in paroxysms.

One of the most typical cases of paroxysmal catarrhal fever came under observation in August, 1880, and was the first to lead to the investigation of this question.

A man, forty years old, of previous good health and habits, of good family history, and residing in a healthy neighborhood, sought advice for "chills." Daily, at 11 a. m., he would have a chill, followed by fever and sweat. The entire paroxysm continued until 6 p. m. His digestion was impaired, and his bowels were constipated. The usual treatment was employed. He reported twice that the chills had ceased to return at once when the medicine was finished. He also reported that his sweats continued throughout the night, and that he was losing flesh and strength. At the third visit, he was much dissatisfied, for a former slight cough had grown more pronounced, he had bloody mucous expectoration, and the chills continued. Upon careful examination, a distinct area of consolidation at the root of the right lung with attending blowing breathing, and some sub-crepitant râles, were found. Active treatment was determined upon, and in six weeks the patient was cured. He has followed his occupation ever since (engineer), is heavier than he ever was, and in perfect health.

Further: A young miss of twenty years, the past winter, was conducted through an attack similar in many respects. Originating in a severe cold, with harassing cough, chest pain, no expectoration and with loss of appetite, nausea and constipation; she lost flesh, and had, the first two weeks of her illness, daily morning chilliness, fever in the afternoon (102°), followed by an exhaustive sweat. During this time the physical signs of a bronchitis were present, with marked localization of the inflammatory process at the right apex. A day of undue exposure and exertion was followed by a severe chill and rapid rise in temperature, with distinct evidence of catarrhal pneumonia at the location indicated above. Chills and fever daily, profuse sweats, emaciation and gastric derangement, were prominent for two weeks. The former symptoms then subsided, but it was fully two months before the lung cleared up, and the patient gained flesh and strength. The family and friends constantly reiterated their opinion that the attack was primarily malarial.

Probably the most difficult, the most occult form of paroxysmal fever of catarrhal origin to recognize, is the one due to that lesion of the intestinal tract. There are no physical signs to betray it, and generally the intestinal derangement is considered secondary to the febrile process. It seems impossible to distinguish the specific from the catarrhal form, save by the presence or absence of the enlarged spleen, the change in the urine of malarial subjects and of the blood when the malaria is chronic, especially when a recent writer tells us that epigastric pain, vomiting and constipation, are symptomatic of malaria in children. The following record is a typical illustration of this variety, and is a most instructive and pertinent case:

E. M., æt. 5. Inherits a tubercular diathesis from mother. During November and December of 1881, had no appetite, was obstinately constipated, and lost flesh. She became delicate and puny-looking. The latter part of December she was seen on account of the above symptoms and of an irregular fever. The course of the fever was at first difficult to determine, but finally it was found to be distinctly intermittent. She was visited at various hours of the day, and found that at 11 a. m., daily, she would be cold, shivering, and begging for extra covering. Her extremities, nose and ears would be very cold, her lips bluish, and the features pinched. At the same time the pulse would be rapid and the temperature in the mouth 102°. In a half hour the exterior warmed, and very soon she would have high fever, the temperature rising to 103°–103½°. The febrile stage lasted three or four hours, and was not followed by profuse perspiration. Save being weak and without appetite, by night she would be perfectly well. Quinia was given in continuous doses at first, afterwards in doses to anticipate the paroxysm; but without any good effect. The paroxysms were lessened in severity only, while the already poor appetite was made poorer and the digestion more impaired; for two weeks an anti-periodic treatment was continued, and at the same time laxatives were used to overcome the constipation; at this time (January, 1882,) she was thin and worn, the paroxysms of fever were daily, the appetite was very poor, the breath offensive, the tongue covered on the dorsum with a yellow-white fur, pointed, and with no papillæ; vomiting occasionally occurred, and always some pain after eating;

the bowels remained obstinately constipated. It seemed to me, after a time, the fever was a secondary matter; that the gastro-intestinal disorder was primary, and that such disorder was subordinate to the diathetic constitution. Hence she was placed on small doses (¼ gr.) calomel with bicarb. of soda (5 grs.) every three hours. In three days cod-liver oil with syrup of the hypophosphite of lime was added to the treatment. At once she began to improve; her appetite first, then her bowels, became more regular. In two weeks the child rapidly improved under this treatment, after being treated previously for more than two weeks for malaria. It may be added here that twice or three times E. became constipated with similar febrile symptoms noted above, and that the parents, without my advice, cured her with the cod-liver oil mixture.

A case very similar to the above was also seen. It is useless to report the details of the case; remedies directed to the gastro-intestinal catarrh, with accompanying intermitting fever, effected the cure.

A case of stricture of the pylorus, in its course, at one time presented daily chills and fever. Quinia did not control the paroxysms. During the time of the fever, and for a week afterwards, the stools of the patient were composed of mucous or membranous casts of the intestinal canal, or of a pultaceous mucoid discharge.

These cases incontestably prove the proposition that intermittent fever is often due to catarrhal inflammation of the intestines, and that remedies directed to this locality alone will cure the disease.

This clinical record will be closed by the report of an observation of a case, the nature of which is somewhat obscure. It is not given, therefore, without some misgiving. It appears that the only title that could be applied to it would be paroxysmal fever of neurotic or hysteroidal origin.

The patient was twenty-five years old, of a rheumatic diathesis and nervous temperament. She presented a history of "chills and fever," recurring at irregular intervals for two years. The paroxysms were of the quotidian type and the attacks lasted one or two weeks. Considered to be malarious; quinia or cinchona was always given by her attendant, and the usual remedies for malarial toxæmia used, without cutting short or preventing the attacks. The writer attended her through two attacks. They were of the following nature: Preceded by dyspeptic symptoms for a few days, a violent chill attended the onset of the attack, accompanied by severe headache, with tender spots, and one or more localized points of pain in the body. In one of the attacks the pain with the first chill was fixed at the end of the spine with exquisite tenderness; in another, it was in the epigastrium. The chill was an hour in length, and followed by fever. With the fever the face would flush, the eyes "burn," and the skin be hot and dry. The temperature would rise to 103° or more, the pulse be full, bounding, rapid. Evidences of gastric catarrh, with constipation, were also noted. During the paroxysm, the most pronounced emotional disturbances were manifest, so that had fever been absent it would have been without difficulty considered a case of hysteria. A sweating stage of two hours followed the fever.

The paroxysms recurred daily for a week, but with the repetition of each one the pain would be seated in another portion of the body—in the occiput, the shoulder, or the knee-joints—while the emotional disturbances would be also present. The pain was described as unbearable, and could not be influenced by almost incredible doses of the usual anodynes. Quinia was given in enormous doses in the first attack, without any beneficial influence.

The fact that the paroxysms occurred towards night, and that they were accompanied by hysterical symptoms of a high degree, the inutility of quinia and the absence of enlarged spleen, rendered the opinion that the case was of neurotic origin, probable.

The second attack was very similar. Vomiting was, however, a more persistent symptom. The duration was about one week, and it appeared to yield to remedies addressed to the hysteria and the gastric irritability. The whole tenor of the patient's life has changed since then, so that for two years she has not had a return of the supposed malaria, notwithstanding she is exposed to the same malarious influences.

Time will not permit a review of the various affections in detail, in order to establish a differential diagnosis between these simulative disorders and a true intermittent. Any attempt at a positive diagnosis of paroxysmal fever, however, should not be made without keeping in mind the following proposition: In the first place, one would say that given a case with a chill and fever, a diagnosis of intermittent ought not be made from the nature of the first paroxysm, unless it be vital to do so, as in a pernicious intermittent. Then, if such a case is presented that yields but partially to anti-periodics, they should be discontinued and a fresh start in the diagnostic inquiry taken.

In order to fully establish a diagnosis, a careful study of the antecedents of the patient should be made relative to previous health, habits, place of residence, and family history. Then, in favor of malarious intermittent, we should, after this study, expect a morning hour for the chill (Flint), the well-known changes in the composition of the urine, and if chronic, the enlarged spleen and the pigment granules in the blood. If with one or more of these favorable factors present we could exclude all possible source of organic disease, by an examination of each individual organ, the blood (leukæmia), the eye ground (tuberculosis), the lungs, liver, and gastro-intestinal tract, we would be warranted in the diagnosis of malarial intermittent.

It seems, further, to be of value to note that emaciation of a high degree is more common in non-malarious intermittents.

The same may be said of exhaustion. The latter occurs to a certain degree, and is attended with a pronounced anæmia, so easily recognized as of malarial origin. Then, too, a long sweating stage and a low febrile range rather disprove the presence of the malarious influence.

Enlargement of the spleen is not to be considered, in acute intermittents, as of little moment. In a series af twelve cases of intermittent in children, eight presented the enlargement, which had subsided a year after the first examination.

There is but little doubt that fever is of neurotic origin, and the examples which have been recorded to-night more aptly illustrate this cause than any other class of cases. The profession is so thoroughly imbued, however, with the idea of no fever, unless a zymosis or blood-poisoning, that it is of practical value to refer to the mechanism of fever briefly. As shown by others, disastrous results ofttimes ensue by addressing means to the cure of a zymosis, or by passively allowing a febrile process to continue its supposed self-limited course, when actually a zymosis was not present, and remedies otherwise applied would have been beneficial. The reference to the mechanism, therefore, is to show that often fever is of a reflex origin due to peripheral irritation—a neurosis.

The element of intermittency itself is a powerful argument in favor of its neurosal origin. This is not the time to engage in philosophical speculation, or to demonstrate the relation of the fundamental principle of the rhythm of motion so grandly elaborated by Spencer; suffice it to say that to no other set of tissues or systems could we look to but the nervous system for an explanation of intermittency. Aside from this, however, in the masterly study in morbid and normal physiology by Wood, on the mechanism of fever, we find sufficient argument and proof "that a depressing poison or a depressing peripheral irritation acting upon the nervous system which regulates the production and dissipation of animal heat," causes fever.

Among the illustrations presented to night, there are some which strongly indicate the reflex origin of fever from peripheral irritation; witness the case of vesical calculus or of gall-stone. By what other supposition could the phenomena be explained? Likewise, though with an element of doubt intermingled, in the cases of gastro-intestinal catarrh, the fever may be considered as due to reflex processes. In the other cases, the fever is, no doubt, due to the absorption of a poison which acts upon the nervous system; and as opposed to Charcot and Billroth, one would think that the phenomena of intermittency are due not to paroxysmal discharges of pus or poison into the blood, but to rhythmical responses of the nervous system to a constantly-acting poisoned blood.

3705 *Powelton Avenue.*

NOTE ON A SPECIMEN OF INTRA-CAPSULAR FRACTURE OF FEMUR WITHOUT UNION.*

BY HENRY LEAMAN, M. D.,
Of Philadelphia.

Mrs. Mary A. Nugent, aged sixty years, fell, January 23, 1884, while attending her household duties. Was not dizzy at the time.

I saw her first January 24, 1881; she was then lying on a settee, but was unable to stand or move about. On examination, from the preternatural mobility intra-capsular fracture was diagnosed. My attendance was continued at intervals during the months of February, March, April, and May. She was unable to help herself in any way; by help she could be gotten on a Charleston chair, and this was the only treatment attempted. The most of her pain was in the adductors; there were shortening and eversion of toe.

She continued in the same room and on the same settee and chair until I was called to see her, January 6, 1884, when I found her dying from exhaustion. She died January 8, 1884. Privilege was granted to examine the hip. The specimen here presented was obtained. The acetabular cavity was normal in appearance. The

*Read before the Philadelphia County Medical Society, March 19, 1884.

head of the femur lay in the cavity free. The socket and head of the bone were covered over with a membrane, firm but somewhat incomplete. Upon this surface the upper extremity of the femur had formed an artificial joint, the neck having been absorbed. In the surrounding tissue on the inner side was a fragment of bone one and one-half inches long.

This case has no special interest, except, perhaps, in the fact that the head had undergone fatty degeneration, and that the patient made so little progress towards locomotion, never being able to walk on crutches. Doubtless degeneration in other parts of the body caused her death. But no further post-mortem was granted.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Iodism and Zoster.

GENTLEMEN: This is the patient whom you saw some time ago suffering from an iodic acne and eczema of the legs (see page 523). He came into the hospital with the lesions of constitutional syphilis, for which he was successfully treated by the mixed treatment; and after the disappearance of the syphilitic lesions, the treatment with iodide of potash was continued, until the specific physiological effects of the drug manifested themselves in the production of a cutaneous eruption. And I called your attention at that time to the fact that this was an illustration of the effect which iodine sometimes has upon the nutrition of the skin. He has been here ever since that time. Though he got well of the eczema upon the withdrawal of the iodine, yet he remained here because of a furunculosis, which seems to have been another consequence of the iodism.

Last Saturday night, about five days ago, my attention was called to him, and I found him suffering intensely from a neuralgia, which he referred to the lower part of the right side of the chest, and to the upper abdominal region. I found no lesion in the chest or abdomen to account for the pain, and so I looked upon it as a simple neuralgia, and gave him morphia to relieve it. The pain recurred on Sunday, and so in addition to the morphia to relieve the neuralgia, applications of poultices and turpentine were made to the skin, for the purpose of exciting counter-irritation. On Monday night I found that the amount of counter-irritation produced was in excess of what had been expected from the remedies, and so they were withdrawn. On Tuesday night I observed groups of vesicles over this region, which ap peared more distinct then than they are now, though they were partly concealed by the hyperæmic condition of the skin. And at the same time the pain was so severe, as to cause him to scream out when touched.

Yesterday it was less so, but still large quantities of opium were necessary to make him comfortable. The pains were of the characteristic neuralgic character, were sharp, shooting, or lancinating, and were aggravated by movement or by taking a long breath; so he held the right side of his chest almost perfectly still in breathing. Yet there was no sign of any lesion in the chest or abdomen. The neuralgia was in fact in the skin; and it is a neuralgia of the lower dorsal and upper lumbar nerves. This remarkable effect of counter-irritation is one that is sometimes observed, and especially in that form of neuralgia of the trunk and extremities which is attended by a vesicular eruption, and which is called herpes zoster. The eruption is vulgarly called "shingles," from a corruption of the Latin word "singula," meaning a belt or girdle; and it is so named from the fact that the eruption sometimes forms a partial girdle around the body. But this does not often happen. Zoster is usually unilateral, but it occasionally occurs upon both sides, and in such cases the extremities may so nearly approach one another as to form a nearly complete girdle. It was said formerly that if the eruption was upon both sides, it was always a fatal disorder. But it is doubtful if by itself, alone and uncomplicated, it is ever fatal. It is a very painful, but as a rule, I think, a very benign disease. It is one of the most satisfactory illustrations of the trophic disturbances of the skin, which sometimes occur along with disturbances of the sensitive nerves, which we have. The cause of this disease is not well understood, some thinking that it is due to peripheric irritation, and others that it is the result of some central irritation. But that it is due to an irritation and congestion of the roots of the spinal nerves is, I think, the most generally adopted belief of the present day. This neuralgia may occur in many localities, such as in the head and in the branches of the fifth nerve in all three of its distributions, and also in the distribution of the cervical nerves to the neck and shoulders, and lower part of the scalp, and also in the trunk and limbs. Pain is the prominent symptom at first, and is what especially attracts attention. It is sometimes only of moderate severity, and this is the rule particularly in the young. In them and in healthy adults it is not apt to be very severe. But after middle life, and especially in old and feeble people, it is one of the severest kinds of neuralgia that you will ever meet with. But the neuralgia itself does not always disappear after the eruption has disappeared; and even after every trace of the local disturbance has gone, the administration of opium is sometimes needed. The eruption is therefore only an incident of the disease, and not an essential of it; but the lesion itself is in the roots of the spinal nerves, and so the pain may persist long after the trophic disturbance of the skin has entirely subsided. Locally all trace of eruption is apt to subside, in a young and vigorous patient, within a week or ten days; but in the old, and in feeble persons past middle life, it is not always so simple an affair. For in such patients I have seen the vesicles become filled with a sanious fluid which underwent decomposition, and thus the parts affected became the seat of a gangrenous inflammation. But this is liable to occur only in debilitated and broken-down pa-

tients, and you do not expect it in healthy adults. But the greatest suffering is from the neuralgia, which may precede the eruption, and continue while it lasts, and persist for weeks or months after it has disappeared. This case is not a good illustration of zoster as you usually see it: for here we have in addition another dermal lesion, from the application of a vesicant to the skin, which obscures the proper lesion of the zoster. The disease is now subsiding, and the man is suffering less pain.

In regard to the treatment of this malady, I regret to be obliged to say that it is for the most part palliative, and I do not know as you can do much except to relieve the pain. Quinine and opium, and all the measures which you would adopt in the treatment of any other case of neuralgia, should be tried. Occasionally I have seen belladonna to the skin seem to do some good; but I do not know that it does, because where I have used it, it has been in connection with opium or other anodynes. On the theory that this disease depends upon a congestion, or an inflammatory condition of the roots of the spinal nerves, it has been suggested that the pain might be relieved by the application of the thermo-cautery along the spinal column. And if this man's neuralgia continues, I shall advise such an application here. I have never tried it yet, for it is a comparatively recent suggestion, so I know nothing as to its efficiency. But in cases like this, where medicines seem of little use, I think it is best to try any new method of treatment which offers any hope of success.

Cardiac Palpitation.

The next patient is a woman, 44 years of age, born in Ireland, a widow, and was admitted to the hospital November 24. There is nothing of importance in her family history. She has had three children, all of whom are dead. One died in utero, and the last one died three and a half years ago. Seven months before admission her menstruation ceased, but it returned after a time; and then it stopped again, and she has not menstruated for the past four months. She has been subject to occasional weak spells. Six or seven years ago, she had an attack of rheumatism in the foot, which lasted two months. She does not use alcohol in any form. Four months before admission she was taken ill, and she was told that she had kidney disease. She complained of pain in the back and hips, of cardiac palpitations and a sense of oppression in the chest, and of attacks of vertigo and ringing in the ears, of floating specks before the eyes, and of a slight cough. These symptoms have been constantly increasing. Her bowels and micturition have been normal. On admission her pulse was 96, respiration 22, and temperature 101°. Her urine was amber-colored, of an acid reaction, of a specific gravity of 1.020, and it contained a slight trace of albumen, and a few leucocytes, but no casts.

Gentlemen, I want you to observe the charts which contain the record of the vital signs in this case, from the time of her admission until now; because this is a good illustration of a disorder which you will meet with almost every day of your life, and with which you will at times be much puzzled. The most striking feature of this record is the extreme frequency and irregularity of the pulse. And most of the symptoms can be explained by the great irregularity in the circulation and distribution of the blood, which this sort of heart action necessitates. Cardiac palpitation is a very common disorder, and it is sometimes only a transient symptom, which disappears with the cause. And this may be indigestion, great emotion, excitement, anger, grief, or sudden loss; and when the cause, whatever it is, passes away, ordinarily this disturbance of function disappears also. It is not always, however, a transient phenomenon, but it is sometimes a persistent one, and the source of great distress. And these cases of persistent palpitation I have observed under a great variety of circumstances. I have noticed that this persistent irregularity of the heart may come from a great nervous shock. For example, I have known it to occur in men who from a condition of affluence had suddenly become paupers. Or it may be the result of great grief or a sudden fright, and these emotional disturbances are sometimes the cause of persistent as well as transient palpitation. And you should bear this fact in mind. Age will have an influence over the occurrence of this persistent palpitation, and sometimes it is connected with that critical period in a woman's life which is known as the menopause; and I have seen a considerable number of such cases. In fact at the period of menopause you are very apt to have in many women marked disturbances of the circulation, and this manifests itself in irregular action of the heart, and in transient congestions which are evidenced by sudden flushings of the face, dizziness, tinnitus aurium, muscae volitantes, and hallucinations of sight and hearing. These cases are sometimes associated with that particular form of palpitation which was long ago described by Graves and also by Basedow at about the same time, in which you have also a disturbance in the circulation of the thyroid gland, and in the loose connective tissue just behind the eyeballs. This triad of symptoms was so frequently found together by them, that they looked upon this association as constituting a special form of disease, and so in honor of them it was named Basedow's or Graves' disease.

Now, it is a mistake to suppose that this association of symptoms is essential to Graves' disease, and Basedow's disease, for the essential element is the disturbance in the blood and circulation, which is manifested by this extreme frequency and irregularity of the heart. The enlargement of the thyroid gland is a frequent but not a constant symptom, and the same is true of the exophthalmic enlargement. For there may be an irregular action of the heart accompanied by an enlarged thyroid gland, but with no exophthalmos; or there may be exophthalmos and no thyroid enlargement; or both may be absent and the disturbance of the cardiac circulation may be the only evidence of the disease. Or if both the thyroid enlargement and exophthalmos have been present, one may disappear for a time, while the other persists.

Now, I have mentioned emotional disturbances and the menopause as the common causes of this condition; but they are not the only ones. It would seem sometimes as if this derangement of the nervous energies which control the circulation

occurred in connection with simple anæmia in men and women both. And it also sometimes occurs in connection with organic heart diseases, but this is not essential to its occurrence. But as a result of this increased frequency of the heart's action, you do frequently get a cardiac hypertrophy.

Now, here is a woman 44 years of age, who is evidently passing through the menopause, and this disturbance of the circulation has occurred to some extent in her. When she came in she had this extreme irregularity of the pulse and respiration which you have seen, and some enlargement of the thyroid, and a slight degree of exophthalmos. She has had besides what is occasionally observed in this disease, namely, a slight degree of fever. Her temperature has been above the normal ever since she came in, and at times it has been pretty high. Thus, yesterday, at one time it was 104.5°, and with this there was a very rapid and feeble pulse, and a frequent and irregular respiration. With her, therefore, the cause of these disturbances seems to be permanent, and not yet under the control of any remedy that has been used. You may ask what is the cause of these disturbances in the vital signs? And I answer, that I do not know. It has been thought by some that it is a disease of the sympathetic system; and careful explorations have been made in the sympathetic system of nerves, in order to find out this cause. And experiments have been made by making lesions in the sympathetic nerves, in order to see if these symptoms can thus be reproduced in animals. In a few cases lesions in the cervical sympathetic are said to have been found post-mortem. It seems probable that the lesion is either one of the central nervous system, or of the sympathetic system; for the disease often occurs in purely nervous subjects, and it also is frequently found in women at that period of life when nervous derangements are most apt to occur, the menopause. But exactly what the nature of the lesion is, is not known.

The prognosis in a fair proportion of cases is good. At all events, some get perfectly well. But some get pretty well and then relapse again, and a few do not recover at all. When associated with organic cardiac affections, you of course cannot expect a perfect recovery, and in pure and simple Graves' disease you do not look for it.

In the treatment of this disorder, the most important element is rest. Putting the patient to bed is a most useful expedient in all forms of palpitation. You know that in a state of health there is a difference of fifteen or twenty beats a minute between the pulse-rate of a person in the erect and in the reclining posture. And this difference is not due simply to the muscular effort put forth in retaining the erect posture; for this same variation of the pulse with the change of posture has been observed in the case of a man who was strapped to a board in such a way that no muscular effort was required for him to maintain the erect position. It is therefore important in all cases to give the patient the advantages of the recumbent position. Some effect seems to be thus produced in the cerebral circulation, which results in increasing the inhibitory action of the pneumogastrics.

The next important indication for the treatment is to remove the cause of the disturbance. When it occurs as the result of shock, you cannot do anything to remove the cause. But if the cause is connected with the menopause, you may do something here to give relief, by the use of such remedies as will equalize and regulate the circulation. Digitalis is of very great service for this purpose, and Trousseau even went so far as to say that digitalis is a specific for this disease: but this is not quite true. I have sometimes thought that strychnia was of some benefit. In cases with anæmia, iron in combination with digitalis is of great service. But the great point is to keep the patient at rest in the recumbent posture, and to feed him carefully, so as not to aggravate his sufferings by adding indigestion to his other ailments. And then you should give your attention to regulating the circulation and to the administration of nerve tonics and iron, and if possible to the procuring of refreshing sleep. These are the broad principles of treatment, which are sometimes attended with success and sometimes not. I have known the iodide of potassium to relieve a severe case of palpitation in a lady who came to me for treatment. And it is a remarkable fact in this connection that Trousseau says that under no circumstances is iodine to be used in this malady. I must admit, however, that I have never seen the iodide of potassium do as much good in any similar case since; and I am even in some doubt whether the iodide had anything to do with the improvement in her case: but I am not sure that it did not. I will mention as a curious fact in this connection that the same lady was relieved at another time of a persistent chronic bronchitis by the use of potassium iodide. So perhaps with her this remedy is a specific for many other disorders, as well as those of the circulation. It has not done any good here, nor has digitalis or iron. There is a persistence of the symptoms here which has thus far resisted the influence of all drugs. We can only try to relieve her now by the use of stimulants, and morphia with quinine.

Medical Societies.

PHILADELPHIA NEUROLOGICAL SOCIETY.

The first stated meeting was held Monday evening, February 25, 1884, the Vice-President, Dr. Charles K. Mills, in the chair. Dr. Mills read a paper on "The McGinnis Case."

A history of the case, including an account of the crime, and a discussion of the formation, proceedings and reports of the commission to inquire into the mental state of McGinnis, was given.

The facts indicating the insanity of McGinnis were summarized by Dr. Mills, in the course of his paper, as follows: A bad family history; evidences of the monomaniacal character, as shown by a study of his life and present condition; the existence of a delusional state, and even of special delusions of a depressive and persecutory type; the presence of hallucinations of hearing and sight, the former being connected largely with persecutive ideas; some manifestations of religious monomania; a history of alcoholism, and the fact that his chief delusion, that of marital infidelity,

was one often found in chronic alcoholic insanity.

The next paper was entitled "Case of Unilateral Spasm, Hemiplegia, and Aphasia, Following Measles in a Child Two Years and Four Months Old," by Lambert Ott, M. D., Assistant in the Nervous Department of the Post-Graduate Course of the Jefferson Medical College.

Boy, aged two years and four months, healthy and intelligent, talked well for one of his years. April 2, he had a mild attack of mumps. Seven days later, he was seized with premonitory symptoms which ushered in a well-defined attack of measles. Other children in the same house were just convalescing from this exanthema. No physician was called, and nothing more was done than keeping him warm in bed and administering an occasional purgative. On the tenth day after the beginning of the disease, the mother states that he felt well, was laughing and playing in bed, but instead of the dull yellowish stains which remain after papules of measles have faded, his skin was dotted with spots of a purplish hue. The same morning the mother noticed a twitching of the muscles of the right eye and right side of face, and soon after similar movements of the right arm and leg. He remained conscious during the spasm, but was unable to speak, motioning for anything he wanted. After the spasm had existed an hour, the leg ceased to move, and was found to be paralyzed. Half an hour later the arm-jerk stopped, and the limb lay powerless by its side; the face movements continued only a few minutes after the arm became quiet, when the side of face was observed to be paralyzed. While the right-sided convulsive seizure was going on, the left arm and leg were affected with choreic movements, which subsided soon after right-sided paralysis was manifest. Two hours after the first appearance of the spasm, I noted the following condition: Ptosis of right eye; no change in pupils, and no disturbance in movements of eye-balls. When he cried the right side of the forehead remained smooth, while the left was markedly corrugated; no paralysis of tongue, but complete *aphasia*. I was unable to investigate the special senses, on account of the age of the child. Motion in the right arm and leg was completely paralyzed, sensation partially. He was conscious, and drank water with very little difficulty. The left side of the body showed no disturbance of sensation or motion, excepting occasional choreic twitching. The dread the child had of strangers prevented me from examining the heart. Temperature, 101°; pulse, 120; respiration, 20, and very irregular. Some bronchial catarrh.

Second day. Temperature 102, pulse 130, respiration 40. Had no vomiting; intelligence remained good; tongue dry; passed water and feces involuntarily. During the next six days his fever remained high, cough increased, and evidences of catarrhal pneumonia developed.

About the ninth day the mother called my attention to a bulging of the right side of the chest, resembling the deformity produced by a large pleuritic effusion, with a marked lateral curvature of the spine, the convexity being toward the right side; percussion of the lung of this side elicited hyper-resonance, and auscultation, normal breathing with prolonged expiration. The chest deformity was apparently due to contraction of the muscles of the left side. He had conjunctivitis of right eye, and dribbling of saliva from the right angle of the mouth. Was very irritable, and often carried his hand to his head and moaned. Urine examined and found normal. The choreic movements of left side returned, but were not as marked as at first.

In the second week the muscles of the face began to regain power.

In the third week there were no marked changes in his condition, except a peculiar swelling and tenseness of the paralyzed leg, which persisted four days, and suddenly disappeared during one night; the next morning the leg was very flabby. Electro-muscular contractility was fair. In the latter part of the third week his head was drawn to the paralyzed side, the chin pointing to the left, showing the peculiar influence of the healthy sterno-mastoid and other neck muscles, which was pointed out to me by Dr. Eskridge. The muscles of the right side of the neck were flabby; those of the left side were hard and tense. Lifting the head would place it erect, but when unsupported, would fall into its former position. In the fourth week movements were noticed in the arm, and in the fifth week the leg began to regain power. He was now, for the first time, using a few monosyllables, as ma, pa, etc.

In the fourth month he walked fairly; used a few more words, especially the simpler ones.

In the sixth month of his disease his general health was good, and he was talking more, but only using such familiar words as children learning to speak usually employ. His gait was fair and he was able to run, but there existed a marked weakness of the flexor and extensor muscles of the anterior part of the right leg, and of the extensor muscles of the right arm.

I look upon the case as one of embolism of the left middle cerebral artery, obstructing the first branch, called the frontal-external and inferior, which supplies the third frontal convolution (convolution of Broca) wherein resides the centre of speech; also the second and third branches, called respectively the anterior parietal of Duret, or the artery of the ascending frontal convolution of Charcot, and the posterior parietal artery, or the artery of the ascending parietal convolution of Charcot. These two latter branches supply the motor centres of the extremities (Ferrier). The fourth branch, which supplies the angular gyrus, was probably not obstructed, as vision remained apparently unimpaired.

The motor centre of the facial muscles occupies a region in close proximity to those of the extremities, which is also supplied by branches of the middle cerebral artery.

There are some marked peculiarities in the case.

First. The age of the patient, two years and four months.

Second. There was no loss of consciousness, which Hamilton says is the exception. In most cases there is either partial or complete loss of consciousness.

Third. The disturbance of conformity of the chest, on the ninth day after the spasm.

Fourth. The falling of the head to the paralyzed side twenty days after the spasm.

Whenever he had a good night's rest, he was

able to hold his head erect for two hours; after that time it lay to one side.

The order of recovery of the paralyzed parts was as follows: First, it is well to recall that the lower extremity lost power first, next the upper extremity, then the face, and later the neck and chest. In order of recovery, the face, neck, and chest showed the first signs simultaneously, then the upper extremity, and next the lower extremity. When considerable power had been regained, quite noticeable yet was the weakness of the extensor muscles of the forearm, which gave the hand the peculiar position that resembles the wrist-drop of lead palsy.

Most interesting of all was the occurrence of aphasia. Here was an active little boy, twenty-eight months old, who talked connectedly and as well as usual for one of his age, is suddenly stricken with unilateral spasm, followed by hemiplegia and total loss of the power of speech. His intelligence did not wane one whit during the whole trouble. When thirsty, he protruded his tongue against the upper lip. If the parents told him the doctor was coming, he immediately manifested great fear, and beckoned for his mother to come near him.

If he wanted some article in a distant corner of the room, he pointed his finger at it and began to whine. When they put their hands on the wrong article, he intensified his whine, by which they understood it was not what he wanted. As soon as they touched the desired object, a smile came over his countenance.

In the fifth week he spoke his first words, as "pa," "ma," and "no." Later, other simple words were added to his vocabulary. The mother, a woman of experience, having had eight children, made a remark which struck me very forcibly, that it seemed to me as if he had to learn to talk over again. At no time did he misapply a word, as calling a "chair" a "table." When once he know a word and its application, he always used it afterward. At this date (nine months after the attack) his speech is disconnected. If he desires to express a thought, he can make a good beginning, but is unable to finish. For instance, he wants to use the sentence, "Katie, get my hat in the other room!" he can only say, "Katie, get my hat ——;" for the rest of the sentence he uses signs. His being unable to finish a sentence is not that he did not know the word "room," for when used otherwise he had no trouble in recalling it. When he used three or four words in succession, his speech powers seemed at an end.

The discussion on Dr. Ott's paper was opened by Dr. Francis Dercum, who said he was inclined to regard the interesting case reported by Dr. Ott, as more likely to be one of hemorrhage than of embolism. It is well known that the miliary aneurisms described by Charcot and others, occur sometimes in the very young, therefore, one of the conditions which leads to hemorrhage may be present in infancy. The absence of valvular disease of the heart was also against the idea of embolism.

Dr. Dercum thought that the symptoms presented by the case indicated a lesion of the internal capsule and basal ganglia, rather than of the convolutions. He referred to the more frequent occurrence of hemorrhage in this region, and also of the wide extent of cortex that would have been required to be involved in order to explain the phenomena.

Dr. Charles K. Mills agreed with Dr. Dercum that, from the history of the case, the absence of recognized heart lesions, and the age of the patient, the case was probably one of hemorrhage. He believed, however, that some of the facts indicated a cortical lesion. One of these was the existence of choreic movements on the side opposite that which was paralyzed.

According to Duret, when irritative lesions of the cortex occur, they produce not only spasm on the opposite side of the body, but also may cause contraction or spasm on the same side, the result being brought about through irritation of the sensory nerves of the dura mater, which irritation is conveyed to the bulbo-medullary centres.

Dr. Mills referred to the completeness of the paralysis, as a matter of great interest in connection with the views of Broadbent as to the communication of well-worn commissural channels of those parts of the central nervous system which preside over movements of the two sides of the body which are associated.

Dr. James Hendrie Lloyd referred to the remarks which Dr. Ott had made about the angular gyrus not having been involved, and said he was not aware that any well reported cases of embolism affecting the angular gyrus and causing blindness had been published.

Dr. Dercum said that the occurrence of choreic movement on the side of the lesion could be as well explained by the transmission of irritation by means of the commissural channels of the brain, as by the views of Duret.

Dr. Ott closed the discussion, and said in favor of embolism is the sudden appearance of the attack, and an array of symptoms which usually follow an embolus in the left middle cerebral artery. In favor of cerebral hemorrhage is the disorganized condition of the blood as a resultant of measles, predisposing to such an occurence.

On the conclusion of the discussion of Dr. Ott's paper, Dr. Charles K. Mills read a "Note on the Use of Nerve Pressure for the Relief of Hysterical Contracture."

In three cases, Dr. Mills had resorted to strong pressure, applied, by means of the thumb or fingers, to the trunk of the nerve supplying the muscles affected by the spasm in contracture; in a case of hysterical spasmodic torticollis, and in one of hysterical contracture of the wrist and hand, the condition passed away, and remained relieved; in a case of long-standing contracture at the knees under the effects of pressure on the sciatics the spasm disappeared, but recurred. The procedure was simple, and had value, both as a means of diagnosis and treatment. Whether the effect was produced by mental effect, by causing a temporary paresis, or by the pain, he was not prepared to say.

Dr. Wharton Sinkler spoke of having used the method unsuccessfully in a case of facial spasm, which was not, however, hysterical in character.

—M. Gérard Lagüe (*Lyon Med.*) states that syrup of gooseberry will completely disguise the taste of iodide of potash.

EDITORIAL DEPARTMENT.

PERISCOPE.

Large Doses of Calomel in True Croup.

Dr. O. T. Schultz contributes a very interesting paper on this subject to the *American Practitioner* for May, 1884. He first details the method introduced and extolled by Dr. Reiter, of Pittsburgh, Pa., who holds that that this inflammation is due to "too much fibrine in the blood," which condition is produced by the liver having lost its fibrine-destroying power, and that mercury is the specific for compelling the liver to resume this function. Be his theory right or wrong, Dr. Reiter has put it into practice with great boldness, and with astonishing results. And he anchors his faith fully and squarely upon mercury in all forms of pseudo-membranous inflammation—fibrinous, septic, and gangrenous, sthenic and asthenic—and without ever engaging in those delicate subterfuges, steaming, burning, or cutting. His results are reported to be marvelous, and unattended with any unpleasant after-effects, while the boldness with which he pushes mercury makes one's hair stand on end. Dr. Schultz then goes on to relate the case of his own boy, whom he treated according to Dr. R.'s method. He says:

After all the usual remedies had been tried and failed, in my despair I concluded to try Reiter's method. The treatment was begun at 9 a. m. on 13th. The patient was given calomel: twenty grains at 9 a. m., ten grains at 10, five grains each at 11, 12, 1, 2:30, 4:30, 6:30, 8:30, 10:30, 2:30, 2:30, and 5 a. m. of 14th, being *eighty-five grains* in twenty-four hours. No other remedial measure was made use of.

"During this time his condition was as follows: At 12 m. of the 13th he is sleeping quietly, breathing easily; the hard sound in inspiration and expiration is replaced by a soft gurgling or bubbling; the cough is loose; large, loose rales are heard in the larynx; the surface is warmer than normal, soft but not moist; the pulse is very fast and small. At 2 p. m. profuse vomiting; glairy mucus with yellowish flakes; there is one thin, loose, not fetid passage. At 2:30 no more dyspnœa; stridor entirely absent; voice clearer, stronger; cough not frequent, loose, barking. Vomited again at 2:45; water and flakes looking like membrane, bearing occasional clots of blood; a similar vomit at 4, and a thin, loose stool containing flakes of white mucus. At 6 is bright, playful, breathing noiselessly; eats some, which he has not done since yesterday; cough still hoarse, loose; voice clear, possessing some timbre, not much given to creaking. Went to sleep at 8 o'clock, sleeping quietly, breathing normally, without any rattling in larynx or any signs of dyspnœa; no fever; an abundant, dark passage, coming on rather hurriedly at 11. From this on he slept soundly and well till morning, his sleep broken only by occasional barking cough and by taking his medicine. At 7 a. m. of 14th, he had another dark passage; the voice is clear; cough at times hoarse at times not, loose; respiration easy and noiseless; some feverishness, and pulse is rapid and small. Hydrargyrum bichlorid., one-sixteenth grain, is ordered every two hours; but the second dose causing vomiting in half an hour, the dose is reduced to one thirty-second of a grain. About noon began to complain of frequent attacks of belly-ache. Cough is only at times hoarse, respiration is easy, voice is clear; no appetite, no fever. By 4 p. m. has had two passages; the pain in the abdomen continues, is paroxysmal. In the evening the cough appears drier and is more frequent, and has the characteristics of bronchial cough; small dry râles are heard now for the first time in both lungs. At 10 p. m., hydrargyrum bichlorid., one one-hundredth grain, and ipecac, was begun—a dose every two hours. At night patient slept quietly and well, with scarcely any cough.

"At 7 a. m. of the 15th, somewhat hoarse; appetite better; bright and playful; looks pale and has lost considerable flesh; belly-ache is gone; bowels are normal; cough raw, dry, not hoarse, not severe; mercury and ipecac continued.

"On the 16th, the bronchial catarrh was in resolution; soft, mucous râles had taken the place of the dry sibilant; cough loose, not hoarse; the boy was bright and playful; appetite had fully returned; bowels moved normally. The medication was kept up till the 17th, when there was no further occasion for its continuance.

"*Remarks.*—The change from 9 to 12 o'clock of the first day was something wonderful. Several hours before vomiting occurred respiration had become easy, and the obstruction in the larynx softened. Patient was lying in a peaceful slumber, the anxious expression of the morning entirely effaced.

"As further proof of the melting away of the exudation, we find a few hours later the voice partly resuming its timbre. Quite a change from the weak, dead, flat sound of the morning. The vomited matter evidently contained portions of membrane. The act of vomiting was a sudden and powerful effort. There was not much gagging, and after the stomach was relieved, quiet was restored. The vomiting was evidently caused by the mercury. There were but six easy feculent passages in the forty-eight hours of the mercurial treatment. There was no straining, but considerable tormina set in on the second day, which at once disappeared when the dose of the mercurial was diminished. The bronchitis following upon the croup was evidently equally benefited with the primary disease. The mental hebetude, feverishness, extremely rapid, soft, and small pulse, pale, bloated face, swollen neck, steady increase in the laryngeal symptoms notwithstanding the previous treatment, justify the diagnosis of true croup; and this opinion is confirmed by the flakes of membrane vomited and the course of the disease, corresponding, as it does, in all respects with that described by Dr. Reiter, the originator of this method of treatment."

THE

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EXAMINATION OF FOOD AND DRINK.

In every community, and in large cities in every district, so-called "Institutions for the examination of food and drink" will be established after July 1st of this year all over the kingdom of Prussia. The preparations have so far advanced that every one of these institutions will be opened by that time and ready for work.

Each station consists of the district physician, of a veterinary surgeon, and of a chemist. They all have the necessary simple apparatus, of which experience has shown that they are needed for such examinations.

In every province, besides, there exists a central bureau, whose members are recognized authorities in their special branch of study, and where all the more expensive apparatus are kept, which are employed in the more elaborate examinations. Whenever cases come before the local stations needing the most thorough and searching examination, then such cases are transferred to the central bureau. If scientific questions of great importance arise in the central bureau, and a difference of opinion exists between the members constituting the bureau, the matter is referred to the Scientific Deputation in Berlin, as the highest tribunal, and there finally decided.

To guard the local stations against annoyance, nobody can have food or drink examined by them except he pays for it in accordance with a schedule of prices provided for by the Goverment. Only reports intended for the authorities must be made free of charge; for that purpose the members of the local station receive their salaries. If, for instance, a citizen thinks a certain article of food or drink to have been tampered with, or to be for some reason or other not wholesome or not as represented, the citizen complains to the police authorities or to the district attorney, to the court or to certain other officials. No matter to whom the complaint is at first made, the matter is at once turned over to the police authorities. They prepare a statement, containing the name and residence of the plaintiff, under oath, the name and residence of the person who sold the food or drink respectively, of the manufacturer,

and all the facts of the case. Refusal of anybody to forward, as by law directed, any such accusation of a citizen, or negligence on the side of the police or any other authority in obeying the directions of the law, is punished severely by imprisonment and fine. The police magistrate transmits the statement to the local station, and if they are there able, to decide the question—if they are not, the case passes through the central bureau or the Scientific Deputation, but returns to the local station—they return the statement, accompanied by their report, to the police authorities. Should the charge have been groundless, the matter rests there; but should the adulteration, diseased condition, or decomposition of the food or drink have been proven, the case is transmitted to the public prosecutor, who at once proceeds according to law against the guilty parties, and after judgment has been obtained, the papers are returned to the police authorities, who have to see that by publication in the most widely-read newspapers, and by placards put up in public places or otherwise, the judgment, with a description of the case, finds the utmost promulgation.

In case of epidemics, etc., the examination into their causes, etc., is also made by the local station—or in important cases by the central bureau, or even the Scientific Deputation in Berlin—and the Government is advised as regards the means to be employed for their extinction.

While, therefore, it is made easy to discover and punish adulteration of food and drink, dealers and manufacturers are also protected against wrong and groundless suspicions, as nobody ever discovers anything about the charge which a citizen has made, if the charge itself has not been proven.

A BENEFICIAL LAW.

The following law will go into execution in Germany, July 1 of this year. Wherever more than one thousand mechanics or laborers are living in one locality and are engaged in one trade, as in factories, on railroads, on buildings, or in any other occupation, those engaging and paying them for the labor performed must insist upon the formation of beneficial societies for cases of sickness. The government had tables drawn up by experts, which prove from statistics what contributions for certain purposes are necessary, to guarantee the successful operation and the existence of such societies. If, for instance, one thousand men engaged on railroads—a perilous occupation—combine for the purpose of guaranteeing to each member, in case of sickness, a sum equivalent to his wages received when working, which sums are weekly to be paid for a period of thirteen weeks, and if the society besides binds itself to provide also medical attendance, the amount to be contributed for that purpose by each member amounts to about three cents per week. To these three cents the owner of the factory, or railroad, or the trade organization (necessarily existing, as the law demands it), adds for each member of the society one cent per week, and the same the community must do, in which the society resides.

In communities where such societies do not exist, because the number of persons employed does not reach the height demanded by the law, the community itself must guarantee every mechanic or laborer, no matter how employed, and not belonging to a society of that kind, free medical attendance for a period of thirteen weeks, and an amount weekly, equivalent to the wages received. The necessary money has to be collected from bosses, mechanics, and laborers actually employed, and if not sufficient, by taxation. When a community consists of less than one hundred inhabitants, several such communities must unite for the one purpose. Contracts are made with regular physicians, resident in the locality where their services are needed, and their compensation is fixed by law.

Certainly there is too much of paternal government and encroachment on individual rights in this law for us to hope ever to see it executed in our own country; still its beneficial consequences can scarcely be calculated. Any person earning his bread by manual labor, now has the guarantee in Prussia, that in case of sickness he is certain for a period of thirteen weeks of not only continuing to receive his wages, if his dis-

ease should last so long, but also of free medical attendance. Much misery will be thus relieved and done away with.

Notes and Comments.

Paralysis of the Serratus Magnus Alone, without Participation of the Rhomboid Muscles.

An almost unique and very instructive case was recently observed by Ferrier. A heavy bag fell on the right shoulder of a laboring man, who had always enjoyed remarkably good health. Pains and disturbances of motion soon developed themselves in the right arm, and the symptoms were exactly those of paralysis of the serratus muscle. The main interest of the case centered in the fact, that the shoulder-blade assumed that position, which can be met with during rest only when the serratus magnus is paralyzed without the least participation of the rhomboid muscles; the shoulder-blade of the diseased side stood higher and more towards the middle of the back than the left, and the same was the case with the angulus scapulæ. The electric examination of the serratus and its motor nerve demonstrated complete reaction of degeneration, while the rhomboid, the lower part of the cucularis, the levator anguli scapulæ, the infraspinatus, the teretes and the scapular part of the deltoid, evinced for both currents an increased muscular excitability.

Stooping, round shoulders, irregular height of the shoulder-blades, greater prominence of one, etc., etc., all these abnormal positions may be corrected and removed, if the case is not one of too long standing, and if the causing element (as occupation, etc.,) can be done away with, by methodical faradization of the muscle or muscles at fault. But we have too often noticed in such cases complete faradization of all the shoulder or back muscles. If we admit that faradization increases the power of a muscle—and this fact cannot be denied—we must see the importance of first discovering the muscle weakened in a given case, and then faradize this muscle alone. The same holds good with manipulation, and with Swedish gymnastics. The motions to be practiced by the latter have all to be made with the one view—of strengthening the weak muscle. It may be that we can thus explain why some manipulators meet with great success, and others with none at all. If, in the case above cited, the serratus alone is faradized, and gymnastics are practiced with only that muscle in view, a cure will be established within a few weeks, and improvement be at once noticed; while, if the same is done with all the muscles of the shoulder-blade in a case, of that case a cure could take place only by accident, and after a treatment of many months.

Pressure on the Pons by an Aneurism.

In a case in which the post-mortem demonstrated the existence of an aneurisma of the arteria basilaris, compressing the right half of the pons, the clinical picture showed progressing paralysis of the four extremities, specially expressed on the left side. Several days before death the following symptoms were added: Comatose condition, twitchings of the left side of the body, and of the right orbicularis palpebrarum, and frontalis, nystagmus, causing abduction of the bulbi from the median line towards the right, and dyspnœa. But the most interesting phenomenon which Drs. Hallopeau and Giraudeau (*Union Med.*, 27, '84,) observed was the following: As soon as the head of the patient was bent forwards, respiration came to a stop in expiration, the symptom at once disappearing on bringing the head in the opposite position. H. and G. suppose that on bending the head forwards the pressure of the aneurisma on the pons was increased, while on turning the head backwards the tumor was lifted up from the pons and the pressure released. The stand-still of the respiration in expiration is attributed to irritation of the vagus-nodule, for the same phenomenon as in this patient is observed on irritation of the trunk of that nerve. The nystagmus and the deviation caused by it, as well as the twitchings in the right upper facial region, was probably induced by irritation of the origin of the right facialis-abducens.

Peptonuria as a Clinical Symptom.

From a very interesting article written as a thesis for obtaining his diploma by Dr. Fenomenow (Petersburg) and published in the *Deutsch. Med. Zeit.*, 37, '84, we abstract the following important facts:

1. Peptonuria is invariably met with during the final stages of croupous pneumonia, and stands in direct connection with the resorption of the croupous exudation.

2. The presence of pepton in the urine of persons suffering from diffused kidney disease probably depends upon peptonization of the urinary tubule-casts.

3. Peptonuria in phthisis pulmonalis does not

depend upon the extent of the morbid process, but upon the rapidity of its course.

4. In cases of typhoid fever, complicated by constipation, and in cases where the temperature ascends above 40° C. (105° F.), peptonuria is a common appearance.

5. Occasionally, peptonuria is also observed in scarlatina, exudative pleurisy, nephritis, puerperal fever, and in cases of organic disease of the heart, when compensatory hypertrophy ceases.

Diabenzolsulfonic acid is the finest test for peptones in the urine, causing, when peptones are present, at once an orange-yellow discoloration.

Naphtalin in Diarrhœa.

Especially in the diarrhœa of children, naphtalin seems to be an invaluable remedy. Prof. Rossbach, in Jena, has made a series of observations, and discovered that in all catarrhal conditions of the intestines, whether they coexisted with ulcerations or not, also in all inveterate, chronic intestinal affections, and in those of the small intestines as well as in those of the large bowels, provided they did not depend upon organic, incurable diseases, as cancer, etc., naphtalin was a specific, and invariably caused the disappearance of the malady. He never noticed any bad side or after-effect, and most of the naphtalin passed off again by the bowels, while a small percentage of it, changed to phenol, made its appearance in the urine. The usual dose for adults was from eight to ten grains daily. The remedy had also a very favorable influence upon all cases of vesical catarrh, the purulent discharge at once ceasing, and he attributes its beneficial effect in such cases to the changing of naphtalin to phenol in the urine—as phenol, especially in the nascent state, is a very powerful aseptic remedy, at once destroying all micro-organisms with which it comes into contact.

Patients generally do not object to the taste of naphtalin, if it is purified and obtained by sublimation; as a corrigens for its odor, a few drops of bergamot oil can best be recommended. (*Deutsch. Med. Zeit.*, p. 379, 1014.)

Micrococci Causing Loss of Hair.

Without any detectable cause, and without the accompaniment of any other symptom, a male individual was attacked by alopecia, which the patient himself attributed to infection, contracted in a hair-dressing saloon. In the region of the right temporal bone was observed a circular place, 5 to 6 ctm. in diameter, perfectly bald. In its centre were noticed a few white hairs on the shiny skin, while the margin contained a zone covered by epidermis-scales. In this zone the hairs appeared broken and stunted in their growth. The least pull on a hair at once caused its falling out, the bulb always coming with it. By coloring, Dr. Sehlen, who reports this case in the *Centrlbl. f. d. Mediz. Wissensch.*, 15, 1884, was enabled to prove the presence of small, round cocci, which were less than a millimetre in size, and found in large quantities surrounding the hair in the cells of the epidermis, and sprinkled between the sheaths of the roots of the hair. The author has instituted a series of cultures not yet concluded. A mild solution of corrosive sublimate ($\frac{1}{3000}$) destroyed the cocci and established the re-growth of the hair.

Are the Anterior Columns Excitable?

Van Deens first pronounced the view that the anterior columns of the spinal cord are not excitable. Fick proved by his experiments the contrary. But the majority of all investigators was in favor of Van Deens' view. Dr. Mendelssohn has recently tried to solve the disputed question in a different manner from his predecessors. In accordance with the physiology of the posterior columns, the fact is established that motion induced by their irritation is of a reflex character. If, therefore, on irritation of the anterior columns, the motion in the muscles of the extremities produced by it should take place more rapidly, the response to the irritation be quicker, than that ensuing on irritating the posterior columns, we would have the proof that the anterior columns are directly excitable. Mendelssohn's experiments on frogs have really established this important fact. When he irritated the anterior columns of a frog, the motion ensuing in the extremities made its appearance far more quickly than was the case when he irritated the posterior columns. (*Deutsch. Med. Zeit.*, p. 409, 1884.)

Alumen Ustum in Intermittent Fever.

Schidlovsky, a Russian physician of some repute, was the first to employ burnt alum as a remedy in intermittent fever. Lately, another Russian doctor, A. Sawwinsky, in charge of the hospital at Podolsk, near Moscow, has used it in twelve recent cases of the same disease, and with surprising effect. He administered eight grains of the drug twice daily. Even twenty-four grains were easily borne by the stomach, provided a large cupful of water was taken immediately after it.

Drs. Sattikow and Gawrilks, stationed in the Caucasus, reported some time ago that they had also employed this remedy, but utterly without success. Whether it acts only under special conditions, will yet have to be determined, and as Dr. Schidlovsky enjoys a well-merited reputation for veracity, it might be well, considering the present high price of quinine, to try the remedy on a more extended scale, so that we may learn the indications for its use.

Special Report.

OPHTHALMOLOGICAL MISCELLANIES.

BY CHARLES S. TURNBULL, M. D., PH. D.

(*Concluded from page 757.*)

W. Sykes contributes clinical notes and remarks on a *disease of the eyes peculiar to colliers.*

The sight first fails in bad light, and grows gradually worse, till the pupils are dilated and insensible to light, and only a perception of light remains, while nystagmus is well marked. Recovery takes place on exposure to light and air, without other treatment. The miners attribute the disease to the bad light given by the safety lamp, but Sykes believes it to be toxic, from gases accumulating in the pits.

Sorokin writes of *parasitic growths in the eye.*

The forms observed by Förster and Gräfe do not belong to leptothrix. In the cornea of an eye which had perished from panophthalmitis, he observed long, thin, opaque filaments: they are thicker than those of leptothrox-buccalis, show a tendency to twist themselves lengthwise around each other, or to assume a curved form. Attempts at cultivation failed, excepting in human blood; here the filaments lengthened, gathered themselves together in a curved form, showed transverse marks of segmentation, and divided into two to five pieces of different length; the process lasted from twenty-five minutes to one hour. The new pieces congregated, and thus formed additional bundles. This is a new form, leptothrix oculorum Sorokini. In an eye effected with panophthalmitis after iridectomy, and also in an existing catarrh of the lachrymal passages, he found filaments dividing dichotomically, having a thickness of two or three division-marks of the micrometer; they also exhibited transverse division, and thus formed widened rings. The twigs branch off only where there are transverse divisions. Besides these, there were folds of cells of various size and shape. All attempts at cultivation failed.

Leydig, of Bonn, speaks of *The Eye-like Organs of Fishes.*

Certain spots upon the ventral surface of some sea-fishes, which by Leuckart had been explained as secondary eyes, are not taken as organs of special sense by Leydig, who supposes that they are allied to the speudo-electrical or electrical organs of other fishes.

Wetschtamon reports *An Anomalous Structure of the Human Eye.*

Absence of both irides. Both eyes turned in and up.

Wiethe. A case of *Congenital Deformity of the Papilla.*

The papilla showed two dark elliptical depressions, likely colobomata.

Lagethschnikoff reports a rare case of *Elephantiasis Palpebrarum.*

Both lids are very much enlarged; the upper hangs down to the nasal angle. The disease began in early childhood. Filaria sanguinis immitans.

Gouvêa Hilario (de Rio Janeiro) reports a case of *Aniridia Congenita of Both Eyes, with Deficiency of Ciliary Bodies and Anterior Part of the Choroid.*

Man, 23 years old; complete absence of iris in both eyes; lenses dislocated upward, so that there was an aphakic space at the lower corneal margin. There was no sign of the presence of ciliary processes, nor of the anterior part of the choroid, while the posterior part was more or less normal, as were also the blood-vessels of the retina.

A knotty and most weighty question which is of the greatest interest to all medical men and parents is answered, and in our opinion well sustained by experience, in the conclusions of Berlin and Rembold, of Stuttgart, who say: "The present slanting system of penmanship should be retained, and the school-boards and teachers should understand the necessity and importance of these directions, so as to enforce them with the proper intelligence and energy." The best means to accomplish this seems to be the embodiment of a short abstract of B. and R.'s report.

1. The inclination of the letters. *i. e.*, the angle which the downward stroke makes with a line perpendicular to the ruling of the paper, should be 35° to 40°.

2. The book should not be placed to the right, but as nearly as possible before the median line of the body, and so inclined that the direction of the writing rises from the left and below to the right and upward at an angle of 30° to 40°.

3. The position of the body as follows: (*a*) The upper part of the body remains upright as far as

possible, so that it is supported by the spinal column, which is prevented from becoming tired by resting its lower portion against a support. (*b*) The transverse axis of the body, the connecting line between the shoulders, is parallel to the longer edge of the table. (*c*) The body must not be pressed against the edges of the table, but kept at a distance of about 3 cm. from it. (*d*) The head, whose transverse axis is also parallel to the longer edge of the table, is lowered but slightly toward the latter. (*e*) The elbows must be kept a little lower than the edge of the table, and at an equal distance from the body. (*f*) The forearms, not the elbows, are laid upon the table in an almost symmetrical position, the book being placed in the median line of the body.

4. This position of the body is to be maintained during the whole act of writing, the upper part of the body and the upper arms to the point of support of the forearms upon the table's edge remaining quiet, and the hand and forearm alone performing the act of writing. (*a*) The movements necessary to produce the letters and single words must be performed by the joints of the fingers and the wrist. (*b*) The right forearm must not move its point of support upon the table's edge outward, as the writing advances along the line, but must revolve about it as a centre, thus describing an arc upon the table. In order to facilitate adherence to the particular directions (only given here in brief), it is advisable, especially in smaller children, to shorten the lines. (*c*) When a new line is begun, the forearm must describe the same arc backward with greater rapidity. As more lines are written, the wrist and finger-joints must be more and more bent.

5. The head also must not change its position; the slight rotation from left to right in writing is not injurious.

*In view of the deleterious consequences of a too close approach of the eyes in writing, and the fact that in the youngest children this is the case to a very high degree, producing most unfortunate results, which for anatomical reasons cannot be obviated by changing the regulations, the following suggestions are made:**

1. Reading and writing, playing with small objects, in general work requiring close vision, *should be forbidden* in the schools for younger children, the kindergartens, etc., *whence the children frequently enter school with eyes already myopic.*

2. Instruction in writing should be limited as much as possible the first year; reading of distant objects (blackboards) should be first taught, then the books, and finally writing, the time not extending beyond half an hour the first years, and limited to five to ten minutes, followed by a pause of a few minutes.

3. The letters should be large, symmetry and beauty being of less importance.

4. The slanting lines of the blackboards and books should be omitted.

5. Writing, especially at home, should be limited as much as possible, and permitted only when the child's home is sufficiently light and airy.

6. The teachers should impress the children with the importance of assuming the correct attitude when writing at home. Instructions to parents would also be desirable.

According to Karwart Würzburg, the nutrition of the crystalline lens is impaired in atheroma of the carotid, a circumstance which materially favors the development of cataract. Embolism of the central retinal artery may also result.

Holstein, of Berlin, criticises the various reports on antiseptics in ophthalmology, and comes to the following conclusions:

1. The great danger of septicæmia, which threatens the body after severe surgical operations, need not be feared in ophthalmology, as the intra-ocular pressure and firm fibrous envelopes of the globe make septicæmic infection of the body very difficult. Therefore, antiseptic treatment is unnecessary.

2. The serpent ulcer, dacryo-cysto-blennorrhœa, and the specifically infectious conjunctival blennorrhœas, should be treated with antiseptics on account of their septic nature.

3. The strict antiseptic bandage, according to Lister, cannot be applied to the eye as it is not practical, as it irritates.

Boracic acid has thus far proven the best antiseptic. It does not irritate, but will disinfect.

Chisholm, of Baltimore, and L. Turnbull, of Philadelphia, recommend bromide of ethyl as the most perfect anæsthetic for short, painful surgical operations. Narcosis can be produced in a minute, and lasts two or three.

According to Mauthner, *the electric light increases vision and color-perception.* The arc-light is not steady, and therefore injurious; the incandescent is steady, and theoretically no objection can be made to it, but experience alone can decide as to its value.

Sakewitsch found *a few cases of extraordinary acuteness of vision* among the soldiers of the 14th regiment of Russian dragoons, two cases with $V=\frac{20}{10}$, three with $V=\frac{15}{10}$, and seventeen with $V=\frac{12}{10}$.

*Italics our own.—C. S. T.

According to Mari, *forty centigrammes of santonin are sufficient to produce an effect lasting twelve hours.* Bright surfaces appear a greenish yellow; dark ones, especially shadows, violet; red assumes a purple tinge; yellow seems pale; blue has a greenish tinge; violet and purple become darker; orange seems pink; greenish-yellow is changed to grey. The spectrum is shortened, especially at the violet end. In a violet-blind person the whole spectrum was displaced.

Dobrowolsky calls attention to the fact that most of the scholars of the Ural high school are children of *inhabitants of the prairies*, to which must be ascribed their *acuteness of vision* and the *rarity of myopia*, and not to the favorable hygienic condition of the schools.

Königshöfer says the *direction of the writing is entirely immaterial*, as far as the laws governing the movements of the eye are concerned. The sole cause of the various bad attitudes of the body is the attempt to find the most comfortable position of the wrist and fingers.

Makrocki saw several little *nodules in the upper lid* of both eyes of a lady. After incising the skin over them, several well formed lashes were extracted.

Berger describes two (extremely interesting and instructive) *cases of paralysis of the acoustic and fifth nerves, with paralysis of the facial nerve, due to the caries of the petrous portions of the temporal bone.* In one of the patients the cornea of the affected side had remained intact, though without sensibility; in the other, there was neuro-paralytic keratitis.

Hasner observed a *paralysis of the left oculo-motor nerve* in a girl seventeen years of age, which always occurred, for the four last years, *as soon as menstruation begun*, and lasted for three days. Hyperæmia, due to menstruation, at the origin of the left oculo-motor nerve, was probably the cause, producing transient paralysis by pressure.

Thompson observed *painful blepharospasm*, and spasm of the ciliary muscle, *after exposure to the electric arc-light.*

De le Peña found *an echinococcus behind a highly diseased and blind eye*, which he had enucleated. Once before he had noticed a similar case. According to him, echinococcus passes through three stages of development, presenting the following symptoms:

1. Slight exophthalmus, with V. normal and tension normal, slight and transient pains.

2. Increased exophthalmus and decrease of vision and high tension.

3. Marked exophthalmus, dislocation of globe outward—complete loss of vision, suppuration of the cornea.

P. Barabaschew reports another interesting case. Patient twenty-seven years of age, formerly a soldier. Marked *echinococcus exophthalmus* of right eye, chemosis painful, nerosis of cornea, V = 0, choked disc, the orbit filled with a smooth, tense tumor, distinctly fluctuating and dislocating the globe downward and outward. "In 1877, while he was a soldier, a shell exploded near him, and he became unconscious. After half an hour he recovered, when he noticed that vision in right eye was greatly impaired. Two months later the eye gradually began to swell. Diag. by exclusion; echinococcus of the orbit. When punctured f. ℥ viiss. of colorless liquid was discharged (tracts of albumen, much Na. Cl.). After the puncture, severe reaction, œdema extending to the temple, lasting several days. Operated by making an incision at the upper inner edge of the orbit, preserving the globe. Fifteen larger and smaller echinococci were removed, varying in size to that of a pigeon's egg, and finally the original cyst. After the operation, severe reaction and slow recovery (as also in another case described some time ago by the same author).

Parigot, of Lyons, (Ferrier and others) recommends *inoculation against pannus*, and bases his claims on five cases which he cites. The pus should, however, be taken at the chronic stage of of blennorrhœa, as the affection produced is the less severe.

Wecker, of Paris, has made a series of experiments with the *infusion of jequrity* recommended by him *for producing purulent ophthalmia to cure trachoma*, and has arrived at the following results: Undoubtedly the infusion produces a purulent inflammation of a croupous character, the intensity of which can be regulated by the number of applications. The granulations rapidly disappear, and even if it should be necessary to produce this inflammation several times, the treatment is less disagreeable and dangerous than inoculation. The cornea is not endangered. W. says it is especially indicated in the torpid forms of granular conjunctivitis (trachoma). Wecker and Moura, of Brazil, claim priority in the use of jequirity.

Deuffe, Paris, reported at the Acad. of Med. de Belgique, March 31, 1883, on his *experiments on jequirity*, and to the conclusion, "the inflammation produced by it fails to accomplish any therapeutical results."

Gruening, New York, reports two cases in which he used *jequirity with excellent results.* One was a girl of 19, the other a man of 83.

Mazza applied *jequirity in thirty cases of trachoma.* Excellent results were obtained in five severe cases in which the disease had lasted four years, and there was extensive pannus; the cornea became perfectly clear. In five other cases improvement was not so marked, while in fifteen others no changes whatever took place; in the remaining five cases the result was absolutely negative. He never saw it make a case worse.

Paggi succeeded with jequirity in one case of trachoma, but failed in a second.

Ponti also applied *jequirity in four severe cases of trachoma and pannus.* Results were excellent, especially as to the clearing of the cornea. Besides the usual symptoms, he observed in two cases considerable *salivation*, and in one *profuse perspiration and nausea* at the height of the inflammation.

Simi obtained an excellent result with *jequirity in a case of mixed trachoma.* The disease had lasted two years, and had not yielded to various methods of treatment.

Tuberculosis of the conjunctiva has been seen in seventeen cases, so also condylomata.

CORRESPONDENCE.

A Reply to G. W. S., M. D.

EDS. MED. AND SURG. REPORTER:

Under the head of "Treatment Wanted" in May 31st No., page 701, by Dr. G. W. S., I have to say that I have found several cases very similar, occurring mostly in women, and have attributed them to irregular nerve or muscular action of the small intestine, the jejunum, from which a constipated condition of that portion prevents the passing downward of the bile, and after a time it is poured back into the stomach, where it is the source of great irritation. The remote neuralgic pains doubtless depend on the central irritation, while the pain at the pit of the stomach arises from muscular spasms of the stomach itself from the presence of the alkaline bile neutralizing the normally acid fluids of that organ. Of course the bile could never get back into the stomach except by being prevented from going downward, or by a reverse peristalsis of the jejunum or duodenum. When in the stomach it is a foreign body of opposite chemical action from the gastric fluid, and at once checks further transformation of food by the stomach. Not only so, but the nerves of the stomach are injured so that digestion is not soon started up again. Hence the importance of fasting after an attack of bilious vomiting, and the administration of an acid, particularly the muriatic, and pepsin, when food is given.

Thirty years ago I was in the way of giving such cases emetico-cathartics, so as not only to dislodge the bile, but to open the bowels and cause this downward action. This was a very effectual way to get rid of the trouble, but it was severe and distressing, and required the detention of the physician till the first effects of the medicine at least were over. In recent years I quiet the pain at the pit of the stomach by hypodermic doses of morphia combined with atropia. The morphia so combined is much less sickening than when given alone. Having given the morphia, I give sulphuric acid to neutralize the alkaline bile and render the contents of the stomach acid again. The difficult part is now to be undertaken, that is to get the bowels open and acting downward once more. A large dose of calomel will do it after a time, but I do not like it. A saline, as the Rochelle salts, the citrate of magnesia, etc., will also do it. The best thing, however, is the sulphate of magnesia, with sulphuric acid enough to acidulate it, or the addition to the magnesia of the juice of a lemon. Plain water, or an acidulated water may be given, but no foods for some time, as they will irritate and delay recovery.

Having restored the gastric functions, the next thing is to keep the bowels henceforth free by the use of a mild aperient, as the cascara cordial in small quantities two or three times a day, or the infusion or extract of senna in combination with aromatics and calomel. Whatever laxative is used, it should be one which acts specially upon the upper part of the alimentary track, and not like thousand and one pills which glut the market, whose chief constituent is aloes. The treatment should be continued and supplemented with bitter infusions containing iron, through the intervention of sulphate of magnesia. To these nux vomica or strychnine may be added. Rye pudding with cream for breakfast will save considerable other physic. Plain foods, with exclusion of pastries, sweetmeats, doughnuts, etc. All sorts of ascessant fruits, particularly currants, with greens, vegetables, plain bread, etc., will do much towards a permanent cure of such cases.

For my theory of the torpidity of the small intestines, I have not the guidance of many authorities, yet the facts of such cases can more easily be accounted for on such a supposition than on any other. I have seen patients whose bowels in their lower part seemed to perform their functions fairly well, yet who were troubled with central torpidity. I think we have too often concluded that if the bowels acted fairly well in their lower part all was right above, and we have not taken into account that the liver and pancreas empty their contents into the canal some twenty feet from the outlet, and that therefore there may be chance for much functional disturbance of the upper part, with little show for it below, only a somewhat sluggish movement of the colon. Will not some others who have thought in this direction give their views of these cases of regurgitant bile? Truly, E. CHENERY, M. D.

Professor of Principles and Practice in the College of Physicians and Surgeons of Boston.

—M. Duprez, a veterinary meat-inspector, of Paris, fed some rats on trichinous meat for thirty-one days; they remained in perfect health. A piece of muscle was removed from the thigh of each animal, and was observed to be free from both young and encysted trichinæ.

NEWS AND MISCELLANY.

The Kentucky State Medical Society.

HELD AT BOWLING GREEN, JUNE 3, 4 AND 5, 1884.

Reported by Allen Kelch, M. D.

The twenty-ninth annual meeting of the Kentucky State Medical Society was called to order at Bowling Green, by Dr. J. N. McCormack, president, at 2 o'clock, p. m., Tuesday, June 3.

After prayer by the Rev. J. L. Caldwell, Dr. T. J. Townsend, of Bowling Green, chairman of the Committee of Arrangements, was called upon, and spoke as follows:

"Mr. President, and gentlemen of the Kentucky State Medical Society: In behalf of the physicians of Warren county, it is my pleasant duty on this occasion to welcome you to Bowling Green. You could not have selected a place better suited for meeting than this beautiful little city. Adorned by every appliance that art with nature can contribute, it offers special inducements for business and social pleasure; and we would have you understand that our earnest desires are satisfied *only* when known that the object of your visit here is fully realized. You are with us at a time when your distinguished presence is most appreciated, and we know your coming is a happy day to the medical profession of Warren county. You are here to dispense harmony and affiliation, to encourage and perpetuate the fostered principles of progressive medicine, to read and discuss recorded observations that illumine and expand the great domain of medical science, and now we gladly welcome you to Bowling Green. To give expressions of welcome, this city will not be an exception to the time-honored customs of conviviality. Receptions and excursions have been arranged for your enjoyment, and in their order will appear in the printed programme. To-night, an address, "Cause of Consumption," Dr. J. W. Holland, Louisville, Ky. Wednesday evening, from 9 to 11 p. m., receptions by Mr. and Mrs. D. M. Lawson, Mr. and Mrs. P. J. Potter, Dr. and Mrs. J. N. McCormack, Residenee street. Thursday at 1 p. m., car will leave depot for boat excursion through locks and dams on Barren river; will return at 9 p. m. Friday morning, excursion to Mammoth Cave."

Following this report of the Committee of Arrangements, the Hon. C. W. McElroy, in behalf of the physicians and residents of the city, delivered an eloquent and cordial address of welcome, which was responded to in behalf of the visiting delegates by Dr. Dudley S. Reynolds, of Louisville.

The regular proceedings of the convention were begun by the report of the Committee on Medical Ethics by Andrew Seargent, M. D.

Dr. J. P. Thomas, of Pembroke, to whom had been assigned the subject of Materia Medica, reported that he had given a fair test to the hypnotic paraldehyde, suggested as a substitute for chloral and opium, and his investigations had led him to regard it as a very mild hypnotic, adapted only for those cases of insomnia due to excitation of the nervous system. Kairine, as an antiperiodic and febrifuge, unless used in dangerous doses, he found not equal to salicylic acid nor quinine. He remarked that he had unexpectedly produced almost fatal paralysis of the heart by its use in one case, with ten grains. Hyoscyamine in one case of insanity of the form of acute mania seemed rather to increase than allay the excitement.

DISCUSSION.

Dr. J. M. Matthews, of Louisville, said: "I take it the report of this committee is among the most important, and just one remark I was struck with and would like to have illustrated. He speaks of substitutes for chloral. I have used chloral for years, and from my own experience I must confess I am out with it. Its treacherous nature renders it a very uncertain and sometimes very dangerous drug."

Dr. J. W. Holland, of Louisville, said: "I had hoped to hear included the word opium in connection with chloral, in reference to their mutual action upon that form of insanity known as melancholia. Sydenham, however, called attention more than a century ago to the cordial qualities of opium. If there be already a melancholia, it proves more profound when chloral is employed than when opium is used, and the tendency to suicide is increased. I fear hyoscyamine is responsible for much the same effect."

Dr. Stone, of the Western Lunatic Asylum at Hopkinsville, said: "Hyoscyamine we have used not very extensively, but almost altogether hypodermically and in large doses, frequently attaining by this method as high as one-twelfth or one-tenth of a grain. In smaller doses we have kept it up for ten or twelve weeks, but we have found no material advantage from it over other drugs used to accomplish the same purpose. It will procure sleep, and that very promptly, in acute mania, and sometimes better than chloral. I agree with Dr. Holland as to the superiority of opium over chloral in melancholia. I have in mind one case, that of a lady who was kept on the chloral treatment for two years without improvement, and who, under a six-weeks' morphine treatment, recovered and was discharged. When chloral is used, we generally combine with it bromide of potash."

Dr. Pinckney Thompson, of Henderson, said: "I can not conceive that any man would expect chloral to cure anything other than that which it cures by the relief of a spasm of pain, such as a gastric neuralgia, where a full dose will often relieve at once, in this and such other affections as do not tend to recur immediately upon the cessation of the effect of the medicine. As to the danger from its use, the same may be said of all hypnotics when the dose is too large; they are all poison when used in poisonous doses.

Dr. W. M. Fuqua, of Hopkinsville, said: "I have used chloral from the very earliest introduction of it, but never to the extent I have for the last two or three years; as a remedy I think it has its place, and subserves a good purpose. It is for the discreet practitioner to find out that place, and govern his use of it by that dissemination. I think there can be no question that it produces, when long-continued, anæmia of the brain; that it exercises a powerful effect on the cardiac centres, and that it is accumulative. The fact has not been referred to that it is anæsthetic as well as hypnotic."

Dr. R. M. Ferguson, of Louisville, read a paper on "Nature of Glaucoma." In substance he spoke as follows: "The special feature of glaucoma is the increased hardness of the eyeball. There are four ways of accounting for this, (*a*) hardening of the enveloping membrane from such change as calcification or ossification; (*b*) active contraction of the sclera; (*c*) increased secretion into the eye; (*d*) diminished secretion from the eye. He dismissed the first two methods of accounting for the hardness, because no facts support either of them in glaucoma. With reference to the third, but little is known, yet it is exceedingly probable that in many cases it is the initial step in the beginning of the disease. The continuance of the tension produces varied secondary changes. The constant teasing of the muscle in ciliary neuralgia might, it appears, bring about an over-abundant secretion of intra-ocular fluid. The fourth supposition offers more conclusive arguments to sustain it than either or all the others. In this direction recent investigations have yielded gratifying results."

Dr. Ferguson traced the natural direction of nutritive fluids from the ciliary processes to its escape from the eye, by means of the spaces known as "Fontana's spaces," about the canal of Sclemm, into which they open. Now, interference with this course results in non-elimination of intra-ocular fluid. It is certain that upon this hypothesis many cases of glaucoma can be explained, and that it offers the best explanation of that form of glaucoma least understood, viz., the simple variety. Many affections may cause a narrowing of the lymph-channels, each varying to a certain extent the picture of the disease, all however tending to the same result.

The speaker explained how enlargement of either cilary body or crystalline lens approximates them, and thus narrows the circumlenticular space. Braily's investigations having shown the lens to be contracted in the senile eye would not preclude the possibility of its having at a previous stage been enlarged.

Various congestions of the head would produce the same result by distension of the vessels. In irido-cyclitis, where the periphery of the iris is retracted, and in cases of iritis, where the pupillary margin is completely adherent to the lens capsule, and in other conditions arising from these, we have conditions favorable to the development of glaucoma.

This line of reasoning was continued until a very fine theory of the nature of glaucoma was evolved.

In the discussion of the paper which followed, Dr. A. W. Johnston, of Danville, inquired for a reason for the fact that seventy per cent. of cases of glaucoma occur among the Jewish.

Dr. Dudley S. Reynolds did not recognize such a statement to be a fact. He had observed the disease to be most frequent among those persons most liable to strain the power of accommodation, as among sewing-women, students, and watchmakers.

Dr. J. W. Holland, of Louisville, seeing the discussion about to drop, said that inasmuch as no one had been able to give an explanation of so singular a fact, he could only account for it on two grounds, and that was certain personal peculiarities, and the fact that they did not eat pork. (Laughter.)

Dr. Wm. Bailey asked if it was not a fact that Jewish women sometimes had glaucoma. If they did, he would not accept the personal peculiarities of Dr. Holland's theory.

Dr. A. M. Vance, of Louisville, called the attention of the association to a new process for producing local anæsthesia for the minor operations in surgery. It consisted simply in the modified application of the spray of ether. Dr. Vance states that anæsthesia occurs long before the parts are frozen, and he begins his operations in a few seconds only after the spray begins upon the part, and has it played upon the parts just preceding the knife as the operation is continued. In this way an eye, he said, had been enucleated without general anæsthesia, a tracheotomy had likewise been successfully performed, and he had cut the whole plantar fascia in a child without a flinch beyond what was first made when the cold ether struck the part. He reported it to be his uniform custom to resort to it alone in all tenotomies.

Dr. Pinckney Thompson said: "I can conceive that if this could be done, it will remove one of the great dangors of tracheotomy. If it can be made to reach not only the skin but the deeper structures, it would add, in my judgment, many successes to that otherwise generally fruitless operation. As for myself, I have only practiced it in one instance of hæmorrhoids and in that it was certainly preferable to any general anæsthesia with which I have had experience."

Dr. J. M. Matthews said: "I have been exceedingly anxious to learn of some way in which to tie a man's piles without having to resort to general anæsthesia: I therefore tried this plan in several instances, but my experience with it has not been so glowing as Dr. Vance's has. In the limited number upon whom I have tried it, the pain following the operation has been excruciating."

Dr. Holland said: "We must not forget that he (Dr. Vance) proposes an entirely different process from that of freezing the tissues. Two reports, each very positive, and directly opposite in character, are here made to us, and I am therefore inclined to suppose that the results in the two cases depend upon the manner in which this anæsthesia is produced. In the meantime, I wish to impress upon the minds of the profession the necessity for care in the use of ether, on account of its inflammability. Tracheotomy is an emergency operation, generally performed at night and by artificial light, and it requires great care in handling this substance on account of its great danger."

Dr. T. H. Stucky, of Louisville, read a paper on "Catarrhal Headache."

Wednesday Forenoon.

Dr. L. L. McMurtry, of Danville, read a paper on "Improvements in Surgery."

The first portion of the report was devoted to the consideration of the subject of anæsthetics. Recent investigations as to the comparative merits of sulphuric ethyl, ether, chloroform, bromide of ethyl, and anæsthetic mixtures of these agents, were reviewed in detail. The experimental inves-

tigations of Dr. B. A. Watson, of Jersey City, were carefully considered. His conclusions were, that sulphuric ether is decidedly the safest anæsthetic which has yet been employed in surgical practice, the mortality being relatively small when compared with that of chloroform, bromide of ethyl, and the mixtures employed. These results of experimental study are confirmed by clinical experience. Dr. McMurtry doubts if any agent will ever be found which can carry patients so near the border lines of life in safety. He doubts if anything is accomplished in avoiding danger, by the indiscriminate exhibition of alcohol before giving an anæsthetic. He then discussed the method introduced by Molliere, of administering the vapor of ether per rectum—the recent publications of Dr. William F. Bull, James B. Hunter, and Robert F. Weir, upon this mode of anæsthesia. The brief experience already recorded he claimed demonstrates the danger of the method, as exemplified by intestinal hemorrhage and diarrhœa; but the advantages of a method which suppresses the period of excitement, permits accurate regulation, avoids bronchial irritation, and aids materially in operations about the face, are apparent, and the method deserves to be tested thoroughly. In concluding this portion of the report, the speaker commended the ether inhaler of Dr. Ailis, of Philadelphia.

The greater portion of Dr. McMurtry's paper was devoted to recent improvements in abdominal surgery. He discussed at length the treatment of wounds of the intestines, and declared the indications of treatment in contused, lacerated, punctured, and gunshot wounds of the intestines, preventive of fæcal effusion and peritonitis. To secure the first, the wound of the tube must be securely sutured, however small it be. To do this, and cleanse thoroughly the peritoneum, the abdomen should be opened by abdominal section. The speaker in this connection called attention to the very confident views expressed by the late Dr. Marion Sims in 1882, which he thus quoted: "I have the deepest conviction that there is no more danger of a man's dying of a gunshot or other wound of the peritoneal cavity, properly treated, than there is of a woman's dying of ovariotomy properly performed," and remarked that in the able paper of Dr. Parks, recently given to the profession, on this subject, this statement of Dr. Sims was deemed prophetic.

Dealing with another branch of abdominal surgery, Dr. McMurtry alluded to the difficulties and uncertainties which surround the diagnosis of abdominal tumors. These difficulties were so great that in a large number of cases the diagnosis can only be positive when the abdomen is opened. He detailed illustrative cases from his own experience. In one case, that of a young lady with a fluid accumulation in the abdomen, the patient had been in the hands of several skillful surgeons, with a different diagnosis by each. After aspiration and the removal of two gallons of fluid, complete recovery ensued, thus showing the tumor to be a cyst of the parovarium.

After discussing at length the differential diagnosis of abdominal tumors, the speaker concluded with the statement that "while the results already achieved in the brilliant domain of abdominal surgery surpass the expectations of the most speculative enthusiast of half a century ago, there remains a vast and rich outlying province as yet untrod by the restless foot of genius."

"There is one feature of the report," said Dr. A. W. Johnston, "to which I would call your attention, and that is the absence of any reference to the importance of drainage in the treatment of wounds of the abdominal cavity. It is one of the most important features of the after-treatment of these wounds. Lawson Tait speaks of drainage by the alimentary canal; he says he has made it a practice to purge these patients, and that he secures excellent results from the practice. We all know that when a purgative is given and succeeds in bringing an operation, water must come from somewhere, and this method I have found to act well in two cases recently under my charge. One of them exhibited marked improvement from the action of the purgative. His abdomen was distended, and he vomited frequently, but after the large dejections secured by calomel and podophyllin he recovered rapidly. After ovariotomy I think the large drainage-tubes now in use very much to be preferred over the small ones selected formerly. In one case upon which I operated, when the tumor was removed the attachments were found to extend all throughout the abdomen, and the large bleeding surface rendered the application of the persulphate of iron in some places a necessity. The large drainage-tube afterwards used permitted the clots formed by it to pass with ease."

Dr. D. W. Yandell, of Louisville, was understood to say: "With reference to the future of gunshot wounds of the peritoneum, as expressed by Dr. Marion Sims in the quotation read, the question was discussed a good deal between Dr. Sims and myself, and he took the extreme ground to which I objected then as now, as not expressing the real condition of our knowledge or resources. He says, 'I have the deepest conviction that there is no more danger of a man's dying of a gunshot or other wound of the peritoneal cavity, properly treated, than there is of a woman's dying of an ovariotomy properly performed.' That is to say that 97 per cent of wounds of the abdominal cavity ought to recover. There can be nothing certainly more misleading, both to the people who are, after all, our auditors, and to the profession, than that statement. What I wish to say is this: that you take the experience of the individual members of this society, and it will result that out of six cases of gunshot wounds of the abdomen, four will die—one of peritonitis, two of hemorrhage, and one of septicæmia. Two will die of hemorrhage, then, and two of something else. Now, in performing ovariotomy, you are prepared for hemorrhage, and you know when and where it will probably occur, and you are therefore prepared to meet it. Again, the shock is deeper from a shot-wound than from that made by the surgeon's knife, and the wounded person is seen for the first time in that condition. Further, no man has yet been so wise as to be able to say what course a ball has taken after it has once entered the body; and while I believe it is good surgery to open the cavity, as taught by the master of us all, yet there are many cases where it is not good surgery: that is to say, here is a man who has had a ball from a Derringer pistol pass

through him; you find him pulseless and cold—desperate. Under such circumstances I do not believe it is good practice to open the wound for anything. With cutting wounds it is quite otherwise; the shock is not so great. All about the wound the tissues are puffy, and it is evident hemorrhage is taking place. Under those circumstances the indication to open the wound and find the bleeding vessel is plain. All I wished to say was this—that the declaration of a great man, published in a moment of enthusiasm, is misleading; that the statement is not sustained by facts, nor likely to be sustained; and that shot-wounds are incalculably more dangerous than the knife of the surgeon in operations. I would therefore say, as a matter of consolation to gentlemen who meet with shot-wounds, that they need not recriminate themselves if the patient should happen to die, for they will sometimes, and that not infrequently, die from no want of proper attention."

Dr. J. A. Larrabee said: "Of course I do not propose to discuss the surgical bearing of this paper. I noticed the remarks on anæsthetics, and it is of them I wish to speak. I object to the deductions on the use of chloroform. If a death occurs from its administration occasionally, it must not be forgotten that it is used in a very great number of cases. In the first place, this is, as I understand, intended to be pushed only to that extent sufficient to overcome the objections of the patient, after which profound anæsthesia is to be accomplished in the usual manner. That has been done in a limited number of cases, yet among that limited number one death occurred. It should not be overlooked that different means are to be employed for resuscitation according to the anæsthetic employed. When danger is threatened from ether, pulling out the tongue and stimulating the muscles of respiration are eminently proper; but with chloroform it is different, for the heart here fails first, and it is the organ to which attention must be directed."

Dr. Stone, of the Western Lunatic Asylum, at Hopkinsville, spoke of the importance of resorting to every means at the command of the surgeon to avoid mistakes in diagnosis; and in connection with his remarks related the following: "Mrs. H——, æt. 35 years; German; very ignorant; was transferred to a metropolitan hospital from a county almshouse for treatment for abdominal dropsy. The history of the case, as given by the almshouse physician (the woman herself could give none), was that the woman was admitted five weeks before on account of abdominal dropsy, and five gallons of fluid withdrawn. She has three children, and has had two abortions. Abdominal trouble began six months ago. She was suddenly seized with pains in the back and side, which continued for a week, when enlargement of the abdomen became perceptible. Subsequently, vomiting continued for two months, enlargement still increasing. Ten days ago she was transferred to the hospital, her recovery from the tapping being sufficient to permit it. With history before him, an accomplished physician, after a cursory examination, pronounced it a case of simple ascites. Two experienced physicians were called in consultation, and discovered a tumor rising to an inch and a half from the umbilicus, inclining to the left side. It was agreed to be a case of left ovarian dropsy. A week later, she was turned over to a distinguished surgeon for operation. He examined the case thoroughly and concurred in the diagnosis. The next day an eminent physician of large practice was called to see her. He made a thorough examination with the sound and otherwise, and concurred in the diagnosis and the advisability of early operation. Shortly after this examination, a slight bearing-down pain expelled a large clot of blood. A small opiate, however, soon removed all suspicious symptoms, and it was decided to operate on the fifth day succeeding this. The day following, the professor delivered a clinical lecture to a large class of medical students upon ovarian disease, its differential diagnosis, and the announcement was made of the operation upon the patient then before the class. An able obstetrician, a professor, and another of national reputation, finally called in late in the afternoon of the day immediately preceding that set for the operation. This careful specialist listened to the history of the case and all previous examinations, and proceeded to examine the tumor, first externally by palpation, percussion, etc., recognizing co-existing ascites. The sound passed 5½ inches into the cavity of the uterus. I am credibly informed that this examiner diagnosed two tumors, one the enlarged and subinvoluted uterus, the other of doubtful character. The sound when withdrawn, in this as in the other instances, was covered with blood, and pains came on soon afterwards. They now, however, assumed a more violent character, for which ten grains of Dover's powder was given. In fifteen minutes she passed from her vagina three pints of blood and water. The patient gave birth at 8 p. m. to a six and a half months' child, which lived until morning and died. The candid professor lectured that day upon ovarian tumors, and the various methods of discussing them, with the tumor before him. In this case there were several features to mislead even the most wary; but the recital of such things will, it is hoped, impress the importance of the very greatest care in such questions, where so much is involved."

Dr. D. W. Yandell, of Louisville, was understood to say, "This is simply a report of one of our failures. If the faithful remained until all the faithful told their experiences, this society would last until Christmas. I know of two or three such cases as has been detailed. Professor Miller and Prof. Bayless diagnosed an abdominal tumor to be ovarian, and not until the woman gave birth to a child did they discover their mistake. Some years afterwards, a woman came from Mobile; she had a tumor; she was a widow: Parvin saw it; Miller saw it; Thomas saw it, and all declared it to be a fibroid. In the fall she gave birth to a child. There is a gentleman present through whose kindness I saw a woman four years ago. She had an enormous tumor, pronounced by myself, by Parvin, by Sam Gross, and *other eminent men*, to be an enormous fibroid. Time went on, she was given some muriate of ammonia and ergotine, and about a year ago she was seized one night with all the symptoms of peritonitis, collapse, and shock, and the gentleman called to her tapped her, and drew off a large quantity of fluid. I saw her, operated upon her, and whil-

the operation was all that could be desired, the woman died. That woman was seen by enough eminent men. These things show simply that the wisest and most experienced men make mistakes.

(*To be Continued.*)

Medical Society of New Jersey.

One hundred and eighteenth annual meeting, held in Cape May, Tuesday and Wednesday, January 10 and 11, 1884.

Tuesday.—The meeting was called to order in the Stockton House, at 4:30 o'clock p. m., by the President, Dr. S. Wickes, of Orange. Vice-Presidents Baker, Parrish, and Kipp were present. There was a large attendance of delegates and invited guests. After prayer by the Rev. G. F. Bishop, of Cape May, Dr. H. G. Taylor, Chairman of the Committee of Arrangements, made an address outlining the business and entertainments of the session.

Dr. Muray then delivered the

ADDRESS OF WELCOME.

"*Mr. President, and Gentlemen of the Medical Society of New Jersey:* It has fallen to my lot to extend to you a welcome, which I most heartily do, on this your second visit to our city. Since your last visit, in 1876, we have been visited by a destructive conflagration, sweeping out of existence all of our largest hotels, except this one in which you are now assembled. But Cape May, like the Phœnix, has risen from its ashes, and you now see in the place of the lost other structures equally imposing, two of which are brick, and all in architectural beauty and magnificence of appointments second to none in any watering-place in the world. We have here everything to please the eye, rest and refresh the body, restore health to the enfeebled, and give enjoyment and recreation to the seeker of pleasure. There are many things of which we feel justly proud: Our magnificent beach affording perfectly safe bathing by its very gradual descent, and regular, hard, smooth surface, with the fast land coming down to the very edge of the water. Our excellent, well-planned sewer system, laid down in almost every one of our streets, having sufficient fall to quickly carry off all effete matter far away from the town, giving such a sanitary condition that the mortality of both city and county is the lowest in the State. This is not a thing in prospect depending upon companies to complete, but *un fait accompli*, and that by our own efforts. Our State Board of Health, through its Secretary, has expressed unqualified approval and commendation of our system. Nor are our hotels or boarding-houses a whit behind in their internal sanitary arrangements. Not less than $10,000 was expended in this hotel alone during last year in replacing and improving its drains and general sanitary arrangements. The same care has also been exercised in all our other hotels, both large and small. We believe we can safely assure our visitors against dangers from septic influences. Our water supply is in most excellent condition, furnishing about one million gallons daily, and distributed through all the most thickly-settled portions of the town, giving an abundant supply of excellent, pure, fresh water, not from surface springs, but drawn from the very bowels of the earth, and stored in three large tanks, and from them distributed through mains to every part of the city, furnishing a freshly-drawn supply constantly, and not from stagnant ponds or reservoirs. Our fire department is worthy of mention, consisting of two steam fire engines of the best construction, with hose carts, hook and ladder truck, and a well organized and drilled fire department, a pair of well-trained, powerful horses, and kept by the city ready at the first tap of the bell to draw the engine to the place of danger. Our costly experience of '78 has led us to see well to it that every possible appliance is ready to meet such emergencies. Our beach-drive, extending from the western limits of the city to Cold Spring Inlet, on the very edge of the surf, a distance of four miles, needs no comment, as it is only necessary to see it to admire it. Then, too, with just pride, we can point to our noble iron pier, which you can now see nearing its completion—stretching out its long arms to the winged messengers of the deep, and inviting them to fold their wings and rest themselves by its strong sides. It is 1,000 feet in length, and 30 in width; at its terminal end a depth of 20 feet of water furnishes no less than six landing places for vessels, at which they may rest in security. It is built by the Phœnix Bridge Company, of Pennsylvania, whose very name gives a guarantee of its security and completeness. The immunity which the trend of the shore line, and a natural breakwater about two miles from the shore, gives us from the destructive force of the waves in heavy storms, will make our pier a resort for steam and sailing vessels during all the year. Then, too, not to be behind other places of resort, a noble elephant rears his huge head and body about one mile west of the town, and will undoubtedly be as great a source of wonder and amusement as the celebrated "Light of Asia" of Barnum, or at least of his compeers of other places. We would only mention our drives about the city, along the beach front, and throughout the country, as unsurpassed by any seaside resort. Our two railroads, the one 2½ miles to Cape May Point and Steamboat Landing on the bay shore, the other to Sewell's Point, two miles to Cold Spring Inlet—both in a short ride carrying visitors to as good sailing and fishing grounds as can be found in the State. We will not consume your time by mentioning facts relative to our humidity, temperature, and prevailing winds, but would refer to a very able report of Prof. Smock, Assistant State Geologist, well worth perusal by all seeking healthful, pleasant resorts, either summer or winter. Some remarkable facts are brought to light in this report, giving us the advantage over all other seaside resorts in equableness of temperature in this country, with the single exception of Key West.

I fear, gentlemen, that I have already trespassed too long on your time and patience, and will therefore close by again bidding you welcome, hearty welcome to the hospitalities of our city, and trust that you will frequently in the future cheer us with your presence.

The minutes of the last annual meeting were read and approved.

On motion of Dr. Godfrey, a cordial invitation

was extended to all physicians of this and other states who were present to seats as corresponding members.

The following delegates from the Medical Society of Pennsylvania were present: M. O'Hara, J. Kean, H. F. Formad, W. Little, W. R. Crince, E. L. Evans, D. F. Willard, C. M. Seltzer, C. R. Pratt, W. P. Waugh, W. B. Ulrich, F. Woodbury, J. M. Backus, C. B. Nancrede, L. K. Baldwin, F. B. Hazel.

Dr. Ingersoll, delegate to American Medical Association, read his report.

Dr. D. C. English, delegate to the Medical Society of Connecticut, and Dr. Benjamin, delegate to the Medical Society of Pennsylvania, also read their reports. All were on motion referred to committee on publication.

Dr. E. M. Hunt stated that the Massachusetts Medical Society was in session at the present, and that our delegate, Dr. E. Worth, was in attendance at the meeting.

REPORT OF COMMITTEE ON MEDICAL ETHICS.

The standing committee acting as a committee on medical ethics would report in the case of appeal of Dr. Warman from the Mercer County Medical Society, that there is no ground for appeal.

Committee: T. J. Funk, E. J. Marsh, and S. C. Clark.

Dr. Wickes then read his address as President. The Doctor took for his subject "Living and Dying; its Physics and Psychics." He called attention to the mystery of life and its termination, and showed how at the beginning man, whose life was counted by centuries, and was terminated by the completion of time, was free from sickness and accidents, and vices due to heredity, and that these causes, active throughout the duration of man's existence on earth, have gradually reduced the individual's tenure of life to threescore and ten, with a limit of one hundred years. Buffon's researches in this connection were noted, and the ratio between the age of complete development and duration of life. He shows how this ratio is found throughout the animal kingdom, and deduces the law that governs the limit of man's life.

The importance of the physician properly understanding and appreciating the various phenomena indicating the approach of death and its presence was mentioned, and then the speaker described the way in which death makes its attack upon life. He described the symptoms present when death comes by the heart, the lungs, and the brain, and spoke of the importance of appreciating and understanding these phenomena in order to meet if possible the tendency to death. Graphically he pictured the oncoming of death, and the physiological course and results of the succeeding events in each case.

The evidences of impending dissolution were narrated: the restlessness, the decubitus, the catching at the bed-clothes, the automatic movements, the thirst, the changed countenance, the cessation of delirium, the gradual lowering of temperature, and the end.

The doctor further considered the signs of death —the cessation of function, the changes in the eyeball, the loss of heat, the settling of the blood in the dependent parts of the body, the rigor mortis, and lastly, decomposition, first seen in the discoloration of the abdomen.

The act of dying was portrayed as one resembling sleep in every feature, except duration. Natural death is not painful; the old man, at the end of a long life of health, loses one by one his special forms of life, his senses, and at the end quietly, peacefully ceases to exist. But coming, as it usually does, to us through pain and sickness, death is feared as a painful event, but the actual cessation of life is not.

The "fear of death" was found present throughout antiquity, but only as a termination of worldly pleasures; even to the early Christian death was a joy, a pleasant exchange; it was the mediæval church that brought in the horrors of the charnel house into the daily thinking of mankind, and held up the fears of retribution to embitter the end of life.

The fear of death is mainly confined to the moment of death, and is found most active in those in the middle third of life. The very young can not understand it; the adolescent, in their strength, do not appreciate it. The old, by a curious mental process, become indifferent, and simply await the inevitable.

The conduct of the individual in the presence of death varies; many preserve consciousness to the last; many have illusions, and see visions; many seem to have deliriums: others, an exaltation of the spiritual sense.

These same hallucinations appear as dreams in sleep or as accompanying the phenomena of anæsthesia, and are not dependent, as often thought, on the development of the soul into a new life. "The mental experiences of the death-hour are quite uniform. Men usually die in the same moral and mental state in which they have lived. God does not in the final hour work a miracle to improve on the constitutional make which he gave at the creation."

The doctor closed by portraying the position of the physician toward his patient in the time of death, his grave responsibilities, and the necessity for having the honor and pride of his professional work take the place of greed for gain. The memory of a finished life he described as follows: "We have seen the fruitful overspreading tree against the cold auroral-tinted sky of a winter's sunset—its beauteous summer foliage withered and gone, its fruits all garnered—but its graceful and harmonious outlines tell of its spring bloom, its summer beauty, and its autumnal fruitage. It foretells as well its richer products in the future. So is a finished life: its fruitage is over, but its fragrant memories recall its outlines, full of grace and beauty, as they foretell the rewards in store for one who has served well his God and his fellowman."

On motion of Dr. Garnett, the thanks of the society were voted to the president for his interesting and instructive address, and a copy requested for publication in the transactions.

REPORT OF THE STANDING COMMITTEE.

The report of the Standing Committee was then read by Dr. T. G. Smith, chairman:

This report is based on the reports of the reporters of the county societies. From these reports

it would appear, that during the last year there has been much less disease present than usual; the death-rate has been much lower. The direct dependence of this fact upon the meteorological conditions of the year is very evident; the cool summer, the prolonged autumn, with its bracing weather, the regular rainfall, the winter steadily cold without great changes in the temperature—all these conditions were favorable agencies in reducing the mortality from climatic causes.

Diarrhœal diseases in the summer, and diseases of the respiratory organs were noticed of diminished severity, and much less prevalent. Epidemics have not prevailed to any great extent. Scarlatina and diphtheria were much less prevalent than the year before. Measles was widely present, however, but mild in character and rarely fatal. Again, the common forms of fevers were less severe than usual.

The formation of the Cape May County Society is noted. This completes the roll of the county societies in the State.

The reports contain, also, individual reports of cases and the experiences in the treatment of disease.

Dr. Hulshizer advocates the use of larger doses of quinine than is common.

Dr. Way finds that salicylate of soda is *the* treatment for rheumatism. From various sources aconite in small and repeated doses is recommended in the same disease. The treatment of diphtheria is as varied as the reporters' names—steam, lime-water, tincture of iron, common salt, alcohol, bichloride of mercury, etc.

Dr. Morris reported a case of congestive chill relieved immediately by blood-letting. From Bergen is reported the value of aconite in pneumonia, this drug to be followed by phosphorus. In Monmouth county digitalis in large doses has been used in typhoid fever.

Dr. Downs reported a case of encephaloid disease of the omentum. A long illness preceded death, which was interpreted differently by various observers; an acute mania just previous to death drew attention to the brain, but an autopsy showed only the changes in the omentum, and which had not been recognized during life.

Dr. Miller reported a case of senile gangrene, with loss of nine toes by sloughing, with good recovery.

Dr. Phillips reports a case that he has twice treated for scarlatina.

Dr. Carell reported two cases of abscess between the folds of the colon, terminating by a discharge of pus from the rectum; also a case of kere-hepatic abscess evacuated through the lungs.

Dr. Lewis reported a case of hydrocele treated by injecting the sac with carbolic acid, with good result.

The following papers accompanied the report:

"A New Mode of Malarial Poisoning," by Dr. Stickler; "The Artificial Alimentation of Infants," by Dr. Turnew; "An Epidemic of Scarlet Fever and Ulcerated Sore Throat at Bridgeport," by Dr. Oliphant; "Homœopathic Remedies," by Dr. Stephenson; "Venesection," by Dr. Morris; "Annular Disease of the Ear," by Dr. Chambers; "Chorea," by Dr. Clark; "Ovulation without Menstruation"—a case—Dr. Shannon; "Bright's Disease"—a case—Dr. Thompson; "Histories of Several Interesting Cases," Dr. Welch; "Diaphragmatic Pleurisy," by Dr. Mebray; "An Extraordinary Case of Muscular Hypertrophy of the Stomach," by Dr. Marcy.

Among items of medical interest are noted the publication of the "Archives of Pediatrics," by Dr. Wm. P. Watson, of Jersey City; the establishment of a course of instruction in the diagnosis and treatment of diseases of the eye and ear, by Dr. C. J. Kipp, at the Newark Eye and Ear Infirmary; the successful progress of the "Society for the Relief of Widows and Orphans of Medical Men of New Jersey;" the "Progress of Burlington County Hospital;" the "Discontinuance of the Hospital for Women in connection with the Home of the Friendless in Newark;" the "Occurrence of Malarial Disease at the Newark City Home at Verona, its Relation to Polluted Drinking Water," and the "Establishment of a New Hospital," the "City Hospital," capacity about sixty beds.

The necrology of the year was as follows:

Dr. Rush Bateman, of Cedarville.
Dr. Paul S. Heritage, of Mantua.
Dr. J. C. Fitch, of Hope.
Dr. L. M. Osmun, of Phillipsburg.
Dr. J. A. Summerville, of Union Hill.
Dr. J. C. Weatherby, of Clarksboro.
Dr. J. W. Cuyler, of Morristown.

Adjourned for the day.

(*To be continued.*)

A British Tribute to the Late Professor S. D. Gross.

The *Brit. Med. Jour.*, May 10, 1884, concluded a very happily-worded obituary of Prof. Gross, as follows:

"His last appearance in England was on the occasion of the meeting of the Bristish Medical Association at Cambridge, when he was one of the recipients of the degree of LL. D. conferred by the University in the Senate House. "To receive that honor," he wrote to the President, "I will come, old as I am, and liable to sea-sickness as I am." The venture was regarded with some anxiety by his family, and he was attended by one of his sons; but he came and returned in safety. He was warmly welcomed by his numerous old friends, and made many new ones, who will never forget him; and at his parting not a few tears were shed. Few who were present at the banquet in the Hall of Trinity College will have forgotten the most memorable incident of the feast, when the noble patriarchal form of Samuel Gross rose on the dais with folded arms, and addressing them as "men and brethren," in a speech of weighty words, well worthy of the man and of the occasion, bore testimony to the high merits of British surgery and the British nation, and expressed his strong conviction that two such peoples as the British and American must ever be united by the bonds of brotherhood and mutual admiration. He felt, and we must all feel, that this union, so important to the welfare of mankind, is not a little promoted by the fraternization of eminent men from the two sides of the Atlantic at the meetings of our great associations. The more our brethren from the far west come among us, the better shall we be pleased; and the more they resemble the noble man whose loss we deplore, the more sincerely shall we reverence and admire them."

Germanic Cremation in Russia.

The burning of dead bodies was an universal rite with the ancient Germans and the kindred Anglo-Saxons and Scandinavians. In *Fire Burial among our Germanic Forefathers*, by Karl Blind (Longmans & Co.), which gives a short "Record of the Poetry and History of Teutonic Cremation," the following occurs: "Among Northmen abroad fire-burial was continued down to the tenth century. In Orkney and Shetland the heathen Northmen practiced for at least a century and a half the fire-burial customs which they had brought with them from Norway. (See introduction by Mr. Joseph Anderson to the *Orkneyinga Saga*.) The same was done in the tenth century by the Warangian rulers of Russia, who had given the country a Norse dynasty and aristocracy, and probably even its name. A striking picture of those Germanic cremation rites in Russia has been handed down to us by Ahmed Ibn Fozlan, an Arab ambassador from the Khalife Al Moktador, who, in 921, wrote a report of his journey. His description is one of the most graphic, the minutest details being given. 'You Arabs,' said one of the Northmen in Russia to Ahmed Ibn Fozlan, 'are fools! You take the man whom you must have loved and honored, and put him down in the earth, where vermin and worms devour him. We, on the contrary, burn him up in a twinkling, and he goes straight to paradise.'"

The Sanitary Condition of To-day.

Dr. Wythe, in the *Pacific M. and S. Jour.*, for March, 1884, says:

"The sanitary condition of the great cities of the world to-day is vastly better than of those of the middle ages, although very far from what common prudence deems desirable. It is still true that people live longer in rural districts than in cities, yet ever since civilization began to inquire into and regulate public hygiene there has been steady improvement. Statistics may not yet be fully reliable, yet the best we have prove that life has been prolonged by civilization. According to Wagner, 'In the 20th year of life the probable survival was in the 16th century 22 years; in this century, 40 years.' Among children, the death-rate depends upon the social position or high civilization of the parents. In England, according to the tables of Mr. Ansell, of 100,000 children born alive, 74,000 will live at the end of their fifth year; but among the upper classes, who can afford the appliances of modern life, there will be 87,000, and among the peerage there will be 90,000."

Something of Interest about the Gorilla.

From a foreign exchange we learn Professor Alphonse Milne-Edwards laid before the *Académie des Sciences*, at a recent meeting, a photograph of the young gorilla which has just died at the Jardin des Plantes. This little animal was the first representative of the genus gorilla that had ever been seen alive in Paris, this variety of anthropoid ape having been hitherto known only from descriptions of travelers and from the anatomical remains of individuals killed by the natives. Professor Milne Edwards gave an account of the habits of the gorilla, and of its savage, untamable disposition, which, up to the present time, has rendered its education impossible. The intelligence of this ape, the largest and most formidable of all known species, is very far below that of other anthropoids, such as the chimpanzee or the gibbon.

Items.

—Bellevue Medical College has adopted a rule that its diploma shall hereafter be in English instead of Latin.

—Puscher, the Nuremberg chemist, says that paste made of starch, glycerin, and gypsum will maintain its plasticity and adhesiveness longer than any other cement.

—The palace of the ex-Empress Eugenie, at Marseilles, which she was obliged to give back to the city, has been turned into a medical school for the training of army medical officers and others.

—Drug clerk to diffident young lady—"Wish to get something?"

Young lady, muttering—"I really believe I've forgotten what I came for."

Clerk, who catches "onto" the last words—"Camphor; how much, please?"

—"Doctor," said the grateful patient, seizing the physcian's hand, "I shall never forget that to you I owe my life."

"You exaggerate," said the doctor, "you only owe me for fifteen visits; that is the point which I hope you will not fail to remember."

—"Gimme foive cints worth o' medicin' in the bottle, wud yez?" said a wild-eyed boy of about fifteen, as he handed a pint bottle to the placid drug clerk.

"What kind of medicine?"

"Fwy medicin, av coorse, medicin; fwat d'yez suppose?"

"What are you going to use it for?"

"An' fwat's that to you? Gimme the medicin, an' be axin' no questions."

"Unless I know what you want, I cannot serve you."

"Ye can't! An' it's you a druggist an' not know fwat medicin is? *Medicin!* I tell yeez, med-*i*-SIN."

QUERIES AND REPLIES.

EDS. MED. AND SURG. REP.:—

Will you be kind enough to give in your journal soon some information in regard to the climatology of the western shore of Chesapeake Bay, the region about Fort Monroe and the sea coast of Virginia? Is it malarious along the *salt-water* shores at all seasons, or not so at any time, or only at certain times? Are malarial diseases *prevalent* at Annapolis, Patuxent river, Fort Monroe, Hampton and Newport News? W. H.

DEATH.

CURTIS.—On June 9, 1884, of Bright's disease of the kidneys, Dr. George B. Curtis, of Hawley, Pa., in his forty-ninth year.